

Utilisation of insecticide treated nets among women in rural Nigeria: Themes, Stories, and Performance

ANASTESIA NZUTE

BSC. (Hons), PgCERT HEA

Thesis submitted in partial fulfilment of the requirements for the degree of
Doctor of Philosophy

Faculty of Education Health and Wellbeing
University of Wolverhampton
United Kingdom
January, 2017

I attested that this work is my original work, and no part of this study has previously in any form submitted to the University of Wolverhampton or any other educational research body or institution for the purpose of assessment, publication or any other purposes. I confirm that the intellectual content of this work is because of my efforts except for the expressed acknowledgement and references and bibliographies cited in this study, the knowledge, which made this work highly, rated.

Therefore, the right of Anastesia Nzute as the original author of this work is to be identified this date 12th January 2017. No form of this research should be copied or used without the approval of the author.

Signature



Date: 02/02/2017

ABSTRACT

Background

The effect of Malaria attack on maternal and child health in Nigeria is high compared with other countries in sub Saharan Africa. This problem has been a persistent issue in Nigeria and many researchers have tried to proffer solutions. Insecticide treated nets (ITN) have been identified as providing approximately 80% protection against malaria attack. However, all the measures put in place to control malaria failed to meet up with the set target of the Roll Back Malaria Initiative, which aimed at reducing malaria deaths in Nigeria by half by 2010 in line with the Millennium Development Goals (Anyahie et al., 2009).

As part of the global initiative to reduce malaria deaths before 2015 (Amaran, Senbanjo and Asagwara, 2011) the Nigerian government introduced intervention programmes to protect pregnant women, and children under-five years of age (Anyahie et al., 2011). However, although there has been considerable and effective intervention in controlling this preventable disease in the African continent, marked inconsistency in the distribution of the ITN, scarcity and low usage in Nigeria (Amaran, Senbanjo and Asagwara, 2011) are apparent, despite emphasis on community-based strategies for malaria control (Obinna, 2011). For midwives in rural Nigeria the disproportionate vulnerability of pregnant women and young children is of great concern. This particular issue is the focus of a hermeneutic phenomenological inquiry into the experiences of pregnant women and mothers in their efforts to protect their families and themselves from malaria attack. The study contends that the 'big (pan-African/national) story' of malaria has found many voices, speaking from a predominantly positivist perspective. While some more interpretivist approaches to exploring experience have been employed elsewhere in Sub-Saharan Africa (Rachel and Frank 2005), there remains a need for more participatory research related to health care issues in Nigeria (Abdullahi et al 2013). Women and children make up the majority of the Nigeria population of over 160 million. An attack of malaria on them affects entire households and the economy of the nation. Therefore, **the purpose** of this

study was to give voice to the ‘small (household) stories’ of Nigerian women (mothers and health workers), living and working in impoverished rural communities, and consider how their viewpoints, perspectives and imaginings might contribute to the fight for a malaria-free Nigeria.

Methodological approach

The research draws on the philosophy of Martin Heidegger, Hans-Georg Gadamer, and Maurice Merleau-Ponty. The participants’ accounts are interpreted in terms of Africana ‘Womanism’ as defined by Hudson-Weems (1993), the socio-narratology approach elaborated by Frank (2010), and Igbo world-view.

Research procedure

Individual semi-structured interviews and focus groups were conducted with Igbo women in three rural communities in Enugu State in eastern Nigeria (Nsukka, Ngwo, and Amechi). This was a three-phase process involving an initial orientation visit to engage with local gatekeepers and community health workers. A first round of interviews and discussion took place in three communities in 2014, followed by the first phase of interpretation. A second field trip took place in 2015, during which participants discussed the ongoing interpretation and elaborated further on some of the issues raised. Interpretive phases 2 and 3 followed this visit.

Interpretive process

Interpretive shifts in understanding were accomplished in three ways:

1. Seeking thematic connections between participants’ accounts of living with the threat of malaria.
2. Engaging in dialogical narrative analysis to explore the work done by the stories embedded in individual accounts of living under the threat of malaria.
3. Crafting found poetry from within the collective accounts to produce an evocative text that could mediate an emotional response and understanding of the malaria experience.

Key outcomes

The research was a response to calls for more participatory research into the

detailed experiences of people in Africa facing up to the threat of malaria. It has provided a vehicle for the voices of a group of Nigerian women and health workers to bring attention to the continuing plight of pregnant women and their families with limited access to insecticide-treated bed nets in poor living conditions. They have told how they seek to empower themselves in their own small and particular ways. It has provided insights into their worldview(s) and what others might see from where they stand. As such it has added to their own call expressed during the research to “Keep malaria on the agenda.” The research has used the women’s own testimony to create an oral resource designed <https://youtu.be/XelMXLUzTV0> to facilitate education and action among small local groups of women and their families, and for health workers in local rural communities.

TABLE OF CONTENTS

GLOSSARY OF TERMS.....	x
------------------------	---

CHAPTER 1: INTRODUCTION AND BACKGROUND

Introduction.....	1
Purpose of the research.....	3
My research position.....	3
<i>“Sunday, Sunday Medicine” – Entering the space</i>	4
Structure of the thesis.....	7
<i>What did I know and how did I know it?</i>	7
<i>What did I want to discover and how?</i>	8
<i>How did we (myself and participants) interpret/understand?</i>	9
<i>What questions did we (myself and participants) raise and/or answer within the scope of the research?</i>	9

CHAPTER 2: THE SOCIO-CULTURAL CONTEXT

Introduction.....	10
Colonialism in Nigeria.....	11
Socio-political context.....	12
Igbo worldview.....	16
<i>Igbo cosmology</i>	17
<i>Social organization and practices</i>	18
<i>The ethos of Igbo men</i>	20

<i>The ethos of Igbo women</i>	21
<i>Igbo beliefs about illness and misfortune</i>	24
Summary.....	24

CHAPTER 3: REVIEW OF LITERATURE

Introduction.....	25
Epidemiology of malaria.....	26
<i>Research into malaria prevention</i>	28
Global initiative for malaria prevention in Africa.....	29
<i>Development and functioning of insecticide treated nets (ITNS)</i>	30
<i>The impact of ITNs</i>	31
<i>Insecticides and net care</i>	32
African response to the ITN initiative.....	33
<i>Proactive countries</i>	34
Nigeria's policy on malaria prevention.....	37
<i>Research into the impact of malaria prevention initiative in Nigeria</i>	39
Lack of awareness and misinformation.....	39
Non-availability/accessibility.....	40
Discomfort.....	42
Experience of health workers.....	43
Knowledge and utilization of ITNs by pregnant women and mothers.....	45
Vulnerability of women.....	46
Gender mainstreaming.....	48
Summary of the literature review.....	50

CHAPTER 4: METHODOLOGY

Introduction.....	51
Rationale for methodological approach.....	54
Phenomenology.....	55
Hermeneutic phenomenology.....	55
<i>Temporality</i>	56
<i>Being towards death</i>	58
<i>Merleau-Ponty and embodiment</i>	59
<i>The hermenutic circle</i>	60
Theoretical perspective.....	61
<i>Africana Womanism</i>	63
<i>Narrative</i>	65
Research design.....	66
Ethical considerations.....	67
Geographical location of the research.....	67
Participant recruitment process.....	71
<i>Bishop Shanahan Hospital, Nsukka</i>	71
<i>Unity Hospital, Ngwo</i>	72
<i>Amechi Community</i>	73
Data management and protection.....	73
Data collection process.....	74
<i>Individual interviews</i>	74
<i>Focus group discussions</i>	75
<i>Data transcription</i>	76
Data Analysis/Interpretation.....	76
Trustworthiness.....	78
Summary.....	78

FIELDWORK REFLECTIONS.....	79
CHAPTER 5: FINDINGS 1	
Introduction.....	85
Conversation in Nsukka.....	86
Thematic analysis.....	88
Familiarization with the data.....	89
Generating codes and categories.....	89
Searching for themes.....	89
Reviewing themes and examining relationships.....	90
SECTION 1: Themes identified from the women's talk.....	90
THEME W1: Reasons for using ITN.....	91
Sub-theme: Active promotion and encouragement from others.....	91
<i>Husbands' support</i>	92
<i>Family members' help</i>	94
<i>Positive advocacy among women</i>	94
<i>Health workers' input</i>	96
Sub-theme: Clear knowledge and understanding.....	97
<i>Accurate information</i>	97
<i>Hygiene practices and the environment</i>	98
<i>Concerns for women and children</i>	100
<i>Prevention is better than cure</i>	100
THEME W2: Reasons for not using ITN.....	103
Sub-theme: Demotivating influences.....	103
<i>Access to nets</i>	103
<i>Unaffordability</i>	106
<i>Faith and trust in God</i>	106
<i>Attitudes of health workers</i>	107
<i>Negative testimony of others</i>	107

<i>Physical discomfort</i>	109
Sub-theme: Inadequate knowledge and understanding.....	110
<i>Concerns about chemicals</i>	110
<i>Self-medication</i>	112
<i>Pragmatic combination of approaches</i>	114
<i>Deceptive practices</i>	116
<i>Lack of awareness</i>	117
<i>Problems with installation</i>	118
SECTION 2: Themes identified in the Health Workers' talk.....	119
Theme HW1: Optimising their professional role.....	121
<i>Health education outreach</i>	121
<i>Advocating for quality and quantity</i>	122
<i>Ensuring safe medication</i>	123
<i>Giving encouragement and motivation</i>	123
Theme HW2: Enhancing knowledge and understanding.....	124
<i>This may not be malaria</i>	124
<i>Providing accurate information</i>	126
Theme HW3: Grappling with systems and structures.....	127
<i>Experiencing role conflict</i>	130
<i>Frustration with system corruption</i>	130
<i>Engaging with wider agencies</i>	131
Discussion of thematic analysis.....	132
Spatiality.....	133
Temporality.....	135
Summary of thematic analysis.....	137

CHAPTER 6: FINDINGS 2

Introduction.....	138
<i>What is a story?</i>	139
<i>Narrative and socio-narratology</i>	140
Working with the participants' stories.....	142
<i>The Story of Nneka's Bed</i>	142
<i>Dialogical narrative analysis</i>	148
<i>The capacity to create characters and drama</i>	149
<i>The capacity to offer differing possibilities for action/identity</i> ..	150
<i>The capacity to open up moral complexity</i>	153
<i>The capacity to open a portal into other stories</i>	153
<i>The story of the home-made spice</i>	156
Discussion.....	158
<i>Life-world realities highlighted by the stories</i>	159
<i>The point of the story</i>	159
Conclusion.....	160

CHAPTER 7: FINDINGS 3

Introduction.....	161
Writing my research performatively.....	162
Poetic inquiry.....	163
Imụta na-ekere òkè site n'ụlọ n'ụlọ.....	166
Learning and sharing yard by yard.....	172
Discussion of the poetic (re)presentation.....	178
Enlivening the senses.....	178
African oral tradition.....	180
Africana Womanism and affirmation.....	183
Has the poem made an impact?.....	184

CHAPTER 8: DISCUSSION

Introduction.....	186
Malaria matters.....	188
<i>Igbo worldview</i>	190
The stories matter.....	192
Africana women matter.....	194
<i>The health workers matter</i>	196
Summary.....	198

CHAPTER 9: CONCLUSIONS

Introduction.....	199
Taking the research forward.....	200
Implications of the study for health workers in Nigeria.....	202
Summary.....	203

REFERENCES.....	205
-----------------	-----

APPENDICES

LIST OF FIGURES

Figure 1.1	Outline of the thesis.....	8
Figure 3.1:	Proportion of pregnant women sleeping under ITN in African countries.....	34
Figure 3.2:	ITN household ownership in African countries.....	35
Figure 4.1:	Methodological influences.....	52
Figure 4.2:	Summary of Methodology.....	53
Figure 4.3:	An understanding of temporality and being-in-the-world.....	57
Figure 5.1:	Map of women's themes, sub-themes and categories.....	92
Figure 5.2:	Theme W1 - related subthemes and categories.....	92
Figure 5.3:	Theme W2 - subtheme (a) and categories.....	103
Figure 5.4:	Theme W2 - subtheme (b) and categories.....	111
Figure 5.5:	Map of health workers' themes, and categories.....	199
Figure 5.6:	Theme HW1 and related categories.....	120
Figure 5.7:	Theme HW2 and related categories.....	125
Figure 5.8a:	Theme HW3 and related categories.....	128
Figure 5.8b	Theme HW3 and related categories.....	129
Figure 5.9:	Spatio-temporal orientation of thematic analysis.....	134
Figure 6.1:	What work does Nneka's story do?.....	151
Figure 6.2:	What work does Nnenna's story do?.....	155
Figure 7.1:	Judging the merit of the poetic representation.....	179

Figure 8.1:	Theme HW3 and related categories.....	188
Figure 8.2:	Theme HW3 and related categories.....	191
Figure 8.3:	Conceptualisation of the relationship of Womanism ideals.....	195

LIST OF TABLES

Table 2.1:	Table 2.1: Summary of paper reduction process.....	27
Table 4.1:	The Africana Womanist is.....	64
Table 5.1:	Summary of thematic analysis process.....	88
Table 6.1:	Labov's Model of Natural Narrative.....	141
Table 6.2:	Narrative structure of Nneka's story.....	144
Table 7.2:	"...the sensible thinks itself in me.....	181

GLOSSARY OF TERMS

ACT	Artemisinin-based Combination Therapy
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Clinic
BCC	Behavioural Change Communication
CHEW	Community Health Extension Workers
DDT	Dichloro-diphenyl-trichloroethane
DHS	Demographic and Health Survey
EPI	Expanded Programme on Immunisation
FGD	Focus Group Discussion
HIV	Human Immunodeficiency Virus
IPTp	Intermittent Preventive Treatment during Pregnancy
IRS	Indoor Residual Spraying
ITN	Insecticide treated nets
LGA	Local Government Area
LLIN	Long Lasting Insecticide Net
MDGs	Millennium Development Goals
MICS	Multiple Indicator Cluster Survey
MIS	Malaria Indicator Surveys
MOH	Ministry of Health
NAFDAC	National Agency for Food and Drug Administration and Control

NGOs	Non-Governmental Organizations
NMCP	National Malaria Control Programme
PMI	President`s Malaria Initiative
RBM	Rollback Malaria Programme
SADC	Southern African Development Community
UN	United Nations
UNDP	United Nations Development Programme
UNICEF	United Nations Children Fund; <i>formerlly called United Nations International Children Emergency Fund</i>
USAID	United States Agency for International Development
WHO	World Health Organization
WHOPES	World Health Organization Pesticide Evaluation Scheme

Acknowledgements

I wish to express my immeasurable thanksgiving to God Almighty whose mercy, grace and favour have been sufficient throughout this journey.

I appreciate all the writers whose published work enriched this research.

My sincere gratitude goes to my Director of Studies, Dr Vinette Cross, for her pastoral guidance, advice, sisterhood and mentorship throughout this study. Her professional knowledge contributed immensely in enriching this study. I could not forget her constructive feedback, advice, patience and support on issues of concern and beyond my scope. To be honest, I could not have come this far without her. You are a model Vinette! Thank you so much.

I also extend sincere appreciation to other members of my supervisory team, Dr Dean-David Holyoake for his immense support, constructive comments, understanding and encouragement throughout this study, and Dr Sharon Vincent. I could not miss acknowledging the support and encouragement of Professor Laura Serrant and Dr Della Saddler Moore throughout my study, and the help of Isi Agboaye. I cannot forget to acknowledge the Faculty of Education Health and Wellbeing University of Wolverhampton for this great opportunity to pursue my research.

I am indeed sincerely grateful to my lovely and ever compassionate husband Silas Nzute (Dr) who thought it wise to send me abroad to expand my educational experience, supporting me both financially and morally. May God favor and reward you.

To my lovely children and Blessing (their aunt), I express my gratitude as without your prayers, endurance and encouragement, I could not have come this far, I love you all. Also to my father, Victor Okenyi, I am grateful for your love and prayers despite your health condition. Thank God you are alive to witness this success. To my siblings Ikechukwu, Tochukwu, Chukwuma, Chinedu and Adaeze for your excellent support. I will not forget to acknowledge, my husband's nephew Nnamdi Nzute, indeed you contributed immensely to my

success story and also, my brother-in-law Theophilus Nzute for his support throughout this journey. May God reward you, sir!

To all my participants, of course, I could not have achieved any meaningful progress without your contributions, I hope your stories have been represented as you wanted. I cannot forget to acknowledge all my research colleagues and friends at the Faculty of Education, Health and Wellbeing who contributed in many ways to making my journey a real experience.

To my pastor's Dr Chukwunoye Ezeah and Kehinde Joshua for all your prayers, support and encouragement. God bless you.

Dedication

I dedicate this thesis to my children, Favour, Victory, Dominion and Rejoice as well as to the loving memory of my late sister Amoge Ngozika Eziechina (nee Okenyi)

CHAPTER 1

INTRODUCTION AND BACKGROUND

*Imagine Nigeria
My area without malaria
Where the health system
Isn't a trap wearing danger,
Imagine Nigeria
During the good and bad,
We all stick together.*

Habib Akewusola

*She has a will
But no voice
A strength
Caged deep inside
But not discovered*

Fatima Alkali

Introduction

Malaria has been reported as pregnant women's worst enemy, with maternal mortality estimated as 800 per 100,000 live births and a ratio of one in 8 pregnant women dying from malaria (Obinna, 2011). The sequelae of malaria can present a serious problem to both mother and fetus resulting in maternal anaemia, stillbirth, low birth weight and intrauterine growth constraint (Brown, Singh and Rogerson, 2013). The WHO recommend that pregnant women should sleep under long-lasting insecticide treated nets (ITNs) throughout the pregnancy period in the malaria endemic nations including Nigeria (Wiseman et al., 2007).

The effect of Malaria attack on maternal and child health in Nigeria is high compared with other countries in sub-Saharan Africa. This problem has been a persistent issue in Nigeria and many researchers have tried to proffer solutions. Insecticide treated nets (ITN) have been identified as providing approximately 80% protection against malaria attack. However, all the measures put in place to control malaria failed to meet up with the set target of the Roll Back Malaria Initiative, which aimed at reducing malaria deaths in Nigeria by half by 2010 in

line with the Millennium Development Goals (WHO, 2004 cited in Anyaehie et al., 2009). Little has changed as recent press headlines on consecutive World Malaria Days make clear:

Such is the plight of the average poor family with no access to insecticide-treated bed nets and decent living conditions. To ease their suffering and bring attention to their plight is why this week we mark World Malaria Day (2015).

In the Wake of Malaria's Rage – Invest in the Future. Defeat Malaria. (World Malaria Day 2014)

As part of the global initiative to reduce malaria deaths before 2015 (Amoran, Senbanjo, and Asagwara, 2011) the Nigerian government introduced intervention programmes to protect pregnant women, and children under-five years of age (Anyahie et al., 2011). Such intervention includes the use of intermittent preventative treatment with anti-malarial medications and distribution of insecticide-treated nets (ITNs). The pattern of supply of malaria intervention depends mostly on the local malaria context and prevalent rates of drug resistance (Pell et al., 2011). However, although there has been considerable and effective intervention in controlling this preventable disease in the African continent, marked inconsistency in the distribution of the ITN, scarcity and low usage in Nigeria (Amoran, Senbanjo, and Asagwara, 2011) are apparent, despite emphasis on community-based strategies for malaria control (Obinna, 2011). For any health professional the continuing high levels of malaria attack and death among the population, despite preventative intervention measures put in place by the government must be a concern. As a Nigerian woman, wife and mother, as well as a practising nurse and midwife working in hospitals and in local communities, the disproportionate vulnerability of pregnant women and young children to malaria infection, was of great concern. For example, pregnant women have been identified as more likely than non-pregnant women to become infected and to have severe infection (Lagerberg 2008). Infection rates are highest in first and second parity women, causing such problems as abortion, stillbirth, premature delivery and low birth weight (Stekettee and Nahlen et. al. 2001). This knowledge was a strong motivation to find out more. For this reason, this particular issue became the focus of my doctoral research, a

hermeneutic phenomenological inquiry into the experiences of pregnant women and mothers in their efforts to protect their families and themselves from a malaria attack. The study contends that the ‘big (pan-African/national) story’ of malaria has found many voices, speaking from a predominantly positivist perspective. While some more interpretivist approaches to exploring experience have been employed elsewhere in Sub-Saharan Africa (Rachel and Frank 2005), there remains a need for more participatory research related to health care issues in Nigeria (Abdullahi et al 2013). Women and children make up the majority of the Nigeria population of over 160 million, An attack of malaria on them affects entire households and the economy of the nation, for example through absenteeism, poverty, low production rate, and emotional trauma.

Purpose of the research:

To give voice to the small (household) experiences of rural Nigerian women (mothers and health workers), to consider how their viewpoints, perspectives, and imaginings might contribute to the fight for a malaria-free Nigeria.

My research position

I am a Nigeria woman from an urban and advantaged background, unlike the women from deprived rural communities who participated in this study. My position in the research was paradoxical in that on one hand I might seem to have the potential for more acceptance as an ‘insider’. But I could also be considered over ‘subjective’ in my subsequent interpretation of the women’s experiences and blind to see the ‘taken for granted’ that only an outsider could see at a glance. Although I could claim some intuitive insight into the research context (indeed I felt a sisterhood with the women who took part) I was also conscious of my own privileged position, both as a Nigerian and a researcher, and the assumptions and preconceptions that must bring to my thinking. Being part of the wider culture does not necessarily bring an understanding of particular subcultures (Asselin 2003). However, I am sympathetic to Corbin, Dwyer and Buckle’s (2009, page 60) suggestion that as researchers we are “with” our participants. By which they mean that although not all experiences are shared we are “with” in the sense of being in relation to them in a “tensioned space between” (ibid page 60). In the following section, I give an account of what I

brought into that tensioned space, prior to considering its implications for my methodological decisions described in Chapter 4.

“Sunday, Sunday Medicine” – Entering the space

I have had experience of malaria attack as a child, a woman, nurse, midwife, mother, wife and sister born and brought up in Nigeria soil. I remember years ago when my mother repeatedly gave us a malaria drug every Sunday nicknamed “Sunday Sunday medicine”. This was in an attempt to protect us from a deadly attack of malaria. Sometimes, if she noticed any change in our body temperature usually “hot or too warm”, which rings the bell of malaria attack, she would rush to the nearby chemist shop for them to mix malaria drugs for her. It was a routine with her children lining up for treatment almost every month. I also heard her discussing with our neighbor on what malaria treatment she uses for her own children. To her surprise, the neighbor told her she never used any of the English (conventional) medicine but preferred the traditional herbs for any treatment. Perhaps to her, malaria was never her major trouble because the solution was around the corner, but to my Mum, her life world was dependent on having healthy children around her. She started combining the conventional and traditional approach to malaria and other diseases as they occurred.

As a child, I assumed that mothers cared more for their children than fathers who were more preoccupied with their ego satisfaction. Most men showed less concern towards childcare, claiming to be “Mr Busy”. I could remember an instance during my childhood, I was seriously sick with some disease condition, my mother tried mixed drugs from chemist as well as traditional means but my health kept deteriorating. I was admitted to the hospital for several days and it was my mother that was with me and my kid brother. In the hospital, I was fascinated by the caring attitude of the nursing staff who looked after me. What I remember particularly in my hospital experience was not necessarily the white nursing dress or their caring attitude, but the interactional space created between my Mum, the nursing staff, and myself. The nurses would smile and touch, “Madam your daughter is responding well to treatment, she will be discharged soon.” “Hello, Ann how are you today? Smile for me!” The friendly conversational space between us and the nursing staff built a lasting trust and

relationship, even when we were discharged home. That link was maintained through follow-up visits of the nursing staff and our later visit to the hospital for final assessment. However, I also remember that there was a communication distance between me and my Mum in the hospital environment. This distance created darkness between us, which was not illuminated by the conversational space existing between the nursing staff and my Mum. That personal talk and togetherness that existed in the home environment were missing; washing of plate, cooking together in the kitchen, serving meals and sometimes shouting when things go wrong. You may wonder what this has to do with malaria, but there is a unity in this experience that rang a bell and awakened my reflection on “What it takes to be a mother.” My understanding of what it means to be a woman and the pressure of meaning structure that has come to subjugate, bound and question the very nature and standpoint of women in the Nigerian culture began to stir.

In adulthood, as a health professional, it was apparent that women and young children were highly vulnerable to malaria attack, the experience of women and what it means to live life in the world of malaria as a woman became a concern. I had witnessed heartbreaking scenarios in the hospital on different occasions, but the most significant involved the mother of four young girls. On her fifth pregnancy, she was ill at night and the husband hardened his heart to take her to the hospital, which later resulted in domestic violence. He assaulted the wife and she fainted. It was the help of her children and the neighbour that saved her life. She was brought into the hospital around two o’clock in the morning, bleeding profusely per vagina. What I do remember from her experience was not her losing the baby, but the emotional trauma created from this experience. The silence created at home even before the incident. There had been communication loss, which may have affected the children.

As a research student, one question I kept asking myself was “Are you sure your family life will still be the same when this journey is over?” I would religiously and spiritually say “Yes” but intuitively “No”. It has been a mixed feeling all through. Sometimes I cry, smile or even laugh. One of my mentors met me on different occasions and commented that I am always having smiles on my face, and said, “Tell me your secret Anna” I smiled then replied, “Is all about God”. I

remember someone said one day “one thing I hate about Christianity is assuming all is well when all is not well, just in the name of faith in God”. I am a Christian, spiritual but not religious. I am not in the position to argue with anyone on the issue of religion. I believe in what I believe because what I believe in, believes in me. A lot happened, nobody seems to understand the misery and emotional trauma my absence and distance from my family created. I looked more like a stranger or a visitor anytime I visit my family in Nigeria. My little girl was a year and six months when I left to the UK, now six-year-old, she would repeatedly say during any of my visits “Mummy when are you going back and if you go, when are you coming to see us”. Some of the women I called my friends and neighbours in Nigeria had boldly confronted me to make a caricature of my decision and interrogated the reason for the wild separation. Do we not have good universities in Nigeria anymore? Must you travel abroad before you study? They appeared not to understand the value and my intention for taking this decision. To them, the socially constructed gender role is paramount to the decision, but “Who is to be blamed?” Is it my ever compassionate and dogged husband or I for seeking to be empowered?

I had always wanted to be empowered through educational space. I believe that when a woman is educated, she becomes a valuable asset not only to her immediate family but also to the community and the nation. My husband intuitively sensed this and decided to give me a push and necessary support to explore and achieve my dreams. To him, this is what I need to do to help her “by paying her tuition/fees, take care of the children and pray for her success”. But my husband was not quite right, the bond between a mother and her children can never be trade off or broken because it is an inbuilt instinct. I had never planned to relinquish the care of my children to my husband for this long. The struggle to maintain that tremendous maternal bond resulted in almost a broken home. Consequently, family members and friends intervened. “Leave these children to stay with her; it is not easy for women staying alone without their children. How are you going to cope with four of them?” His response to this, “She needs full concentration and with children around her, she would be distracted full time. Children can only stay with her when she has finished, get a job and start working...end of story”.

It was a really devastating and disheartening period for me. I broke down completely and lost concentration for many days, weeks and months. Has he considered my emotion as a mother and a woman? “No.” He expected me to see things through a masculine lens. My late sister Amoge (may her soul continue to rest in peace) was supportive and had offered prayers on different occasions. Imagine a mother leaving her family behind in a war zone. People were dying on a daily basis; Igbos, Christians and others living in Northern Nigeria where my family resides, being massacred without any justification for such actions. Incidences of abductions, rapes and kidnapping were reported every other day. It was a “bitter kola” and must be chewed, then I yielded to avoid a broken home. I knew that the journey would come to an end and then the time of reconciliation to heal the pains and fill in the vacuum created during the journey. I could hear my children cry for their mother’s continuous absence and the wound in my husband’s heart. This is not simply about one family but reflects the influence of culture in our everyday living in Nigeria. This reflective narrative sets the scene for this thesis, the structure of which is outlined below. It also sets the voice for the thesis in as much as *we* (I as a researcher, the women of Nsukka, Ngwo and Amechi as narrators, and you as a reader) are its co-authors in our respective interpretations of the experiences recounted in its pages. For this reason, which I explain more fully in Chapter 4, I adopt a first person voice throughout the thesis.

Structure of the thesis

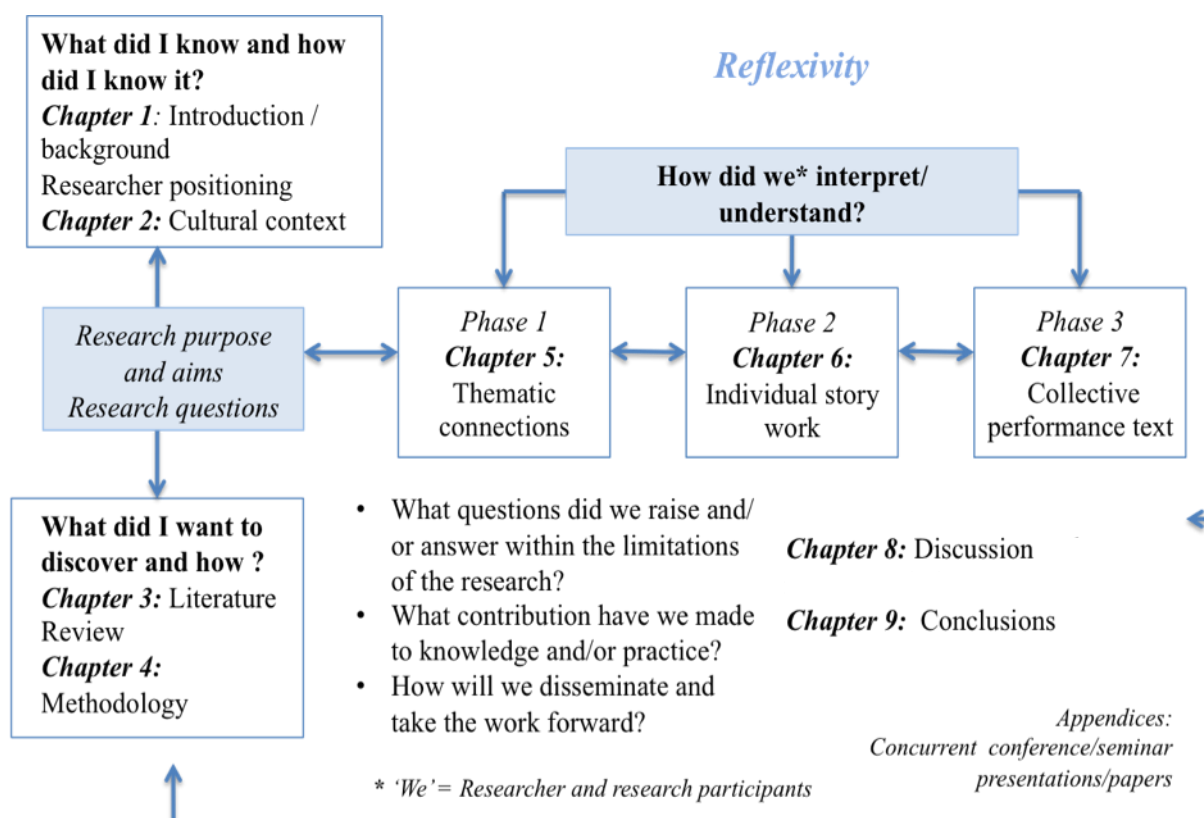
The thesis is made up of nine chapters and associated appendices and an overview is provided in Figure 1.1. It is structured around the following questions:

What did I know and how did I know it?

Following on from the general background and personal perceptions of my own positioning in relation to the research, Chapter 2 describes the wider cultural context of Nigeria in terms of the socio-economic and socio-political contexts, that impact upon malaria prevention. It goes on to consider the cultural world-

view of the Igbo people of Nigeria, from whom the research participants were drawn. Against this background, the research purpose and aims are identified.

Figure 1.1
Outline of the thesis



What did I want to discover and how?

Chapter 3 reviews the literature relevant to malaria prevention in terms of epidemiology and (briefly) clinical research. It summarises governmental and non-governmental global initiatives and strategies directed at malaria prevention, looks at the African response to these initiatives both in relation to good and poor practice, and looks in detail at the effectiveness of Nigeria's engagement. In light of this review, the research questions are defined, and Chapter 4 synthesises

a rationale for my chosen methodology and provides details of the research design.

How did we (myself and participants) interpret/understand?

Chapters 5 - 7 chapters are devoted to the three separate phases of data presentation and interpretation respectively. Chapter 5 lays a foundation of thematic analysis with more narrative and performative approaches emerging in Chapters 6 and 7. In each case, the interpretation is discussed within the relevant chapter.

What questions did we (myself and participants) raise and/or answer within the scope of the research?

Chapter 8 considers the outcomes of the research and its contribution to knowledge and good practice in malaria prevention. Chapter 9 concludes the research and discusses how the work might be taken forward.

CHAPTER 2

THE SOCIO-CULTURAL CONTEXT

*Ki lo wa de lorile-edo wa Naijiria?
Ti Yoruba, Igbo ati Ahusa o le fi sasepo
Ija eyameya wa fese mule laarin wa
Bee si logun esin o jorile ede o dagba soke.*

What is our problem in Nigeria?
That Yoruba, Igbo, and Hausa will not do things together
Tribalism is rooted in our midst
Our national growth is marred by religious wars.

(Isola 1997, page 32)



Introduction

Nigeria is a cosmopolitan nation comprising different tribes, culture, languages and religions. The predominant ethnic groups and languages include Igbo, Hausa, and Yoruba. The Igbos dominate the eastern part of the country, the north by the Hausas and the west by the Yorubas. The co-existence of these groups has continued to raise internal tension since independence from British colonization. In his poem, *Isokan* (unity), Isola (1997) makes a plea for unity among the different ethnic groups in Nigeria. He urges an end to the tribal and religious

wars that continues to tear our country apart. In this chapter, I try to give a clear overview of the social, political, and cultural context of the research. I began with a brief reflection on the colonial history of Nigeria. This is followed by a description of the socio-political context and what this means in terms of endemic malaria and prevention strategies. The final section of this chapter focuses on the specific location and ethnicity of the research participants, by presenting an introduction to the worldview of the Igbo people of Eastern Nigeria.

Colonialism in Nigeria

African countries have a long history of colonialism and neocolonialism, consequently responsible for their redundant economic growth, development and impoverishment of the majority of the population, especially women. Olivier (2013) accentuates the level of poverty in Africa, even though the continent is endowed with natural resources and, as he suggests, a presumption by other nations that it is a rich continent. The World Bank has predicted that most African countries will reach middle-income status by 2025 (Olivier, 2013). Aaronette (2007) argued that colonists purposely sought to subordinate African men under European rule in order to exploit them through cheap labour for their own economic interest. They brokered access to these men by appealing to influential people in the community such as chiefs, emirs, elders and group heads, to control Nigeria through local representatives of their own choosing. The experience of loss of status, imposed taxation, and reallocation of land and property led to resentment (Aaronette, 2007). In a premodern-traditional African setting, there were women endowed with economic, political and spiritual power (Agozino and Anyanike 2007). In Igbo communities, power was distributed across groups of elders who made most decisions (see below), but at the same time, women also had a significant role in Igbo political and economic life. However, as men became more subjugated to the colonialists, so Igbo women began to lose their position in society and become more subjugated to men. But even though the practices imposed by the colonialists favoured men over women, many local men fought the idea. However, most of them grew accustomed to the colonial state's intervention to legally restrict the independence of women

(Kabira and Nzioki 1991, Mama 1996, Tamale 1991, Schmidt 1991) and keep them in the rural areas, in private and domestic domains. In November 1929, because of rumours of a specific tax for women, Igbo women in southeastern marched through the towns and demanded political leaders to step down. (Kabira and Nzioki 1991). This uprising is known as the Aba women's riot of 1929 'ogu umunwanyi' meaning women's war. By December 1929, police officers and troops were called in to deal with the situation. Although the women's protest was nonviolent, police were ordered to shoot into crowds, and 50 women were killed, and 50 more were wounded and the campaign ended. But the rumored tax was never imposed.

Socio-political context



Nigeria is the most populous of the black African countries, and as a consequence of dependence on crude oil production is positioned as one of the richest countries in the world global economy. In recent years, Nigeria has suffered from the menace of insurgency provoked by the emergent of Boko Haram Islamic group against Western education. Before 2009 Nigeria experienced incessant political instability, unemployment, high maternal and infant morbidity and mortality rates and, despite its rich economy, poverty, and environmental pollution. At the same time, political corruption has been a feature of both government and non-governmental organizations (NGO) operating in Nigeria. By tradition, Nigerian citizens were mainly rural dwellers who were predominantly farmers, some engaged in cattle rearing, hunting and

partisan trading. Tribalism and religion sentiment have become the order of the day. The two prominent religions Christianity and Islam have featured lately in relation to recent attacks on innocent citizens by the emergent Islamic group called 'Boko Haram' meaning 'against western education'. Before the advent of Christianity and Islam, Nigerian citizens had forms of worship that were practiced individually, in families, and within the community of different ethnocultural orientation. This has affected employment and development, as each government in power favors mainly people they know, irrespective of their qualification for particular positions.

Nigeria suffers from poor infrastructural development and bad road networks, denying access to rural communities. As such rural dwellers are cut off from each other due to inaccessible transportation. During periods of heavy rainfall access to health facilities is often hampered, making it impossible for women to attend antenatal clinics (ANC) and other medical attentions and even follow up of cases by health care workers (Gikandi et al., 2008). Literacy levels are low due to a poor educational system, the health care system is also poor, and constant interruption of power supply, and air and noise pollution emanating from generating plant brings added disadvantages. High corruption in Nigeria has deterred its growth and the public sector highly affected, and this includes a wide range of social behavior ranging from bribery, rigged elections, fraudulent wealth, medical quackery and exploitation of spiritual powers. Everyone sees corruption as a common disease that has come to stay and the former Nigerian president categorically said: "Corruption is not stealing" (Nwakanma 2015). This assumption has become rooted in perceptions of African behavior, rather than in the analysis of the economic development. A society riddled with corruption puts an average Nigeria in a quandary in their everyday lived experience of survival (Smith, 2010). This has degenerated into families such that even a child awaits to be gratified before carrying out a task effectively.

Nigeria's Government has witnessed a lack of transparency, accountability and fiscal responsibility in the management of the government revenues at all levels, which has contributed to complicated malaria prevention programmes. Basic education and primary health care systems have failed to deliver acceptable and operational service to service users. For instance; literacy levels are still low,

women's at 40% illiteracy versus 20% for men (USAID/Nigeria strategy 2010-2013). Women are given out in marriage at a young age rather than sending them to school. The average woman has six children. It has been predicted that 16% of Nigerian children die before reaching their fifth birthday mostly from treatable and preventable disease including malaria (Ogunjimi et al., 2012). The Nigeria government has a plan to achieve Vision 2020 (Ogunjimi et al., 2012) which prioritizes actions concerning primary health care interventions, including maternal and child health, family planning, treatment and prevention of diseases that affect women and children (Ogunjimi et al., 2012). These plans have attracted other governments and individual donor agencies such as USAID, Action Aids, and Global Fund. The United States, in partnership with the Nigerian government are working for these plans are achieved. Nigeria being in collaboration with other agencies is vital because of the required complexity involved in dealing with issues of cultural values and community norms. This plan also focuses on governing justly and democratically, investing in human resource, especially in the area of health and education, improving peace and security as well as enhancing economic growth and trade. Increased challenges in Nigeria pose multiple threats to life, health, safety, use of health and educational services. Destruction of property, and a high-risk of maltreatment of the vulnerable groups are also of concern. Smith (2010) suggested that the solution to these challenges is to focus on the society and not the individuals who exhibit such behavior (Smith, 2010).



In this context malaria places a high burden on the economy, accounting for 40% of public health expenditure, 30-50% of inpatient admissions and 50% of outpatient cases (Anyaehe et al., 2009). It has been estimated that 25 million pregnancies in Sub-Saharan Africa are at risk from malaria yearly (Brown et al., 2013). Recent statistics from the National Malaria Control Programme in Nigeria (NMCP) (2000-2012) indicate a financial annual loss of 132 billion naira (approximately £340,000,000.00) due to malaria. Malaria has been reported as pregnant women's worst enemy with maternal mortality estimated at 800 per 100,000 live births and one in 8 pregnant women die from malaria (Obinna, 2011). Malaria results in complications to mother and fetus such as: maternal anemia, stillbirth, low birth weight and intrauterine growth constraint (Brown, Singh, and Rogerson, 2013). The WHO recommend that pregnant women should sleep under ITN preferably long-lasting insecticide treated nets (LLIN) throughout the pregnancy period in malaria endemic nations, including Nigeria (Wiseman et al., 2007). Wiseman et al., (2007) suggest that endemic nations should provide ITNs free, or at a reduced price during the antenatal period, should ensure routine inspection on the use, and advice on how to fix or hang the nets.

As part of the global malaria intervention initiative to reduce malaria-related deaths before 2015 (Amaran, Senbanjo and Asagwara, 2011) the Nigerian government introduced intervention programmes to protect pregnant women, and children under five years of age (Anyaehe et al., 2011). Such interventions include the use of intermittent preventative treatment with anti-malarial medications, and distribution of insecticide treated nets (ITN). The effectiveness in the supply of malaria interventions depends mostly on the local malaria context and prevalent rates of drug resistance (Pell et al., 2011). However, although there are considerable and effective interventions to control the disease within the African continent, even when provided there are marked inconsistencies in the distribution of ITN, and low usage in Nigeria (Amaran, Senbanjo, and Asagwara, 2011). This is despite emphasis on community-based strategies for malaria control (Obinna, 2011). This phenomenon is highly noticeable in the rural communities whose people are generally marginalized in terms of social economic status, capital acquisition and education, depriving

them of potential positive empowerment (Dawit and Zelatem, 2015). United Nations (UNDES 2015) population statistics show that women make up 49.4% of the Nigerian population. Women are particularly vulnerable to the impact of malaria (Obinna, 2011). Trying to understand the meaning of this phenomenon from the women's point of view makes it pertinent to situate the concept of malaria prevention within the lived world of vulnerable women.

Igbo worldview

“We work in the spirit of our ancestors”

“Aha nna-anyi ka anyi ji aga”

“The land of the living was not far removed from the domain of the ancestors. There was coming and going between them, especially at festivals and also when an old man died, because an old man was very close to the ancestors. A man's life from birth to death was a series of transition rites which brought him nearer and nearer to his ancestors.” Chinua Achebe (2010/1958, page 115)

The research reported in this thesis was located in the eastern part of Nigeria, which is dominated by the Igbo culture. The notion of ‘worldview’ is applied to the way people see, feel, understand, assimilate and explain their world or how people come to understand and explain the world they live in. I was born and brought up in Igbo land in the south-eastern region. I am “nwanyi ala” meaning the “daughter of the land”. As already mentioned, the predominant ethnic groups and languages of Nigeria include Igbo, Hausa, and Yoruba. Hence the term Igbo refers to both an ethnic group and also the language of that particular group, who are found nowhere else in the world as an indigenous population. They share a common border with the Igala and the Idoma on the Northern part of Nigeria, to the south is the Ijaw and Ogoni, to the East is Yako and Ibibio, and to the west is the Bini and Warri. The Igbo territory is divided into different environmental regions; the Western, Niger delta, South-eastern, the Central, the Cross River basin, and the North-east. There is not a great deal of authentic report and writing on Igbo culture and their worldviews. Most writings on the

Igbo as a tribe in Nigeria are misguided and underrepresented usually pictured and sculpted from an outsider perspective (Nwoye, 2011). These writings mostly present the Igbo as uncivilized people with the mindset of “everyday money hunting” and fail to represent the Igbo as great entrepreneurs “an agentic people”, endowed with a distinct cultural and religious worldview.

Igbo cosmology

The Igbo people have a religious conception of the universe. They see their world as made up to two planes: the physical and the spiritual. Igbo worldview, however, abhors the tendency to a digital categorization of things. They believe that there is a dual-traffic and interaction between the inhabitants of the two worlds. (Nwoye 2011, page 307)

Igbo people perceive the universe as comprising three layers: the sky above (Igwe), the earth (Ala), and the under-world (Ime-Ala). Each of these is believed to be densely inhabited and there is intercommunication between the material and the spirit worlds. However, the actions of spirits in other layers of the universe are considered meaningful insofar as they relate to human life and the wellbeing of humans in the environment. Striking a balance between masculine and feminine principles is fundamental in Igbo cosmology. This is represented in the two great deities - *Chukwu*, the sky-father above, who Igbo refer to as the ‘Supreme Being,’ and *Ani*, the Earth mother and source of moral law, below. These deities have capacity to be benevolent or punishing depending on human behaviour, and to give blessings or demand sacrifices as appropriate. Traditionally, both are required and are needed in the right balance in their contributions to the welfare of human beings. In the Igbo world-view the human self is made up of *Ahu* (body); *Onyinyo* (shadow); *Mkpuru-obi* (heart), and *Chi* (personal god or spirit). The body, heart, and shadow are material, and the soul, spirit and breath are spiritual (Nwoye 2011).

In temporal terms, death is not a passage to a final stop to an Igbo’s life, it is a passage of life from one level to another, from birth, to death and re-birth. So, as Achebe tells us, “A man’s life from birth to death is a series of transition rites which brings him nearer and nearer to the ancestors,” (Achebe, 2010/1958, page

115). Initiations are part of Igbo anticipation of death, making death a phenomenon of life (Chukwuelobe 2014). A person is reincarnated in the spirit world as an ancestor. To become an ancestor (one of the living-dead) requires a good life, a good death, and above all, begetting of live children to honor and remember you. Akalogheli are wandering, trouble-making 'bad dead' who have failed to fulfil one or more of these criteria and are not accepted in the spirit world by the ancestors – the good dead (Chukwuemeka 1997). All of the above shows Igbo ontology as dualistic in terms of human being and spiritual being (chi), good and evil, creation and destruction, violence and peace, but at the same time reality is a shape-shifter so that nothing can ever be considered fixed.

Social organization and practices

Igbo thought organizes itself within the ambience of experienced life...It is precisely this existential milieu - experienced life - that lends meaning and vitality to African/Igbo thought...The Igbo "brush with experience" is personal and egocentric. (Chukwuelobi 2014, pages 85-86)

However, in Igbo ontology the self is not completely individualistic, but is seen in terms of community - a 'being-with-others', "it is within this community that the Igbo lives and has his being", (Chukwuelobi 2014, pages 86). So, while individuals may seek to prosper themselves, their success is expected to enhance the status of the community. In the same way, failure or disgrace will reflect on the whole community.

Igbo tradition is deeply rooted and connected to their inherited ancestral moral and practices. They may be referred to as the 'wise men from the east' owing to their well-established customs, tradition, and inheritance. In Igbo culture, kinship is classified into three categories: kinship by blood, by intermarriage, and a bond of association. Leadership centers on an age-based group system called 'Umunna' meaning a group of paternal kinsmen traceable exclusively through the male line. The Umunna is organized on three levels. The lowest level is the family, centred on the house 'obi' of the father, whose eldest son takes over when he dies through the ritual ceremony of Abam n'obi. At the next level is the

village 'Ebo' with the most senior Okpala of the village group as the leader. The aggregation of all Ebo lineages is the town. The Umunna in each village appoints the oldest man among them as the leader, called 'the village head' and everyone reverences him. He acts as an intermediary between the entire village and the 'god', and updates the town King or Chief 'Igwe' on all difficult challenges experienced by the community. Each village has a chief priest who intercedes and ministers to the religious needs of the whole community. I remember during my childhood period, my grandfather was the village head and the wife (my grandmother) was also the head of all the women in our village. My grandfather was referred to as 'Nwabueze' meaning 'a child is a king'. With their religious practices, they can explain reality, life and the content of the human environment, predict the future and the outcome. As aforementioned, Igbo tradition is deeply rooted and connected to their inherited ancestral moral and practices. I resonate with it because the Gods are worshipped and pass on from generation to generation even with the advent of Christianity. As a consequence, the Igbos' spirituality and the religious world have simply made them unique among every other tribe in Nigeria.

The Igbo land is highly fertile, is part of the oil-producing region in Nigeria and brings fruits and food at the due season. The two significant seasons in Igbo land include the dry season and the rainy season, with an average temperature of about 80°F. The dry season usually starts in October and ends in April, while the rainy season commences in April and ends in October with a break in August, usually referred to as 'August break'. During August break, the Igbos all over the world are expected to come home to deliberate on different issues, challenges experienced, the past and recent events, such as the Fulani herdsmen's massacre of over 40 people at Nimbo in Uzo-Uwani, Enugu State, reported in the local *Vanguard News*, (April 26, 2016), and the way forward for a better society.

Another significant event in August is the Igbo new yam festival called 'Iwa Ji'. The yam god is held in high esteem among the people mostly because yam cultivation is a male occupation. This is a cultural festival with deep significance when living members of the same bloodline return home to commune with their dead ancestors and renew their strength and resolve from the harvest of the yam. Yam is regarded as the first chief crop to be harvested, and as well serves as a

basis to assess the wealth of a man and the entire community. Before people eat the new yam, a ritual is performed by the oldest man by offering the yam to the ancestors and the yam god called Ifejoku. In the Igbos' worldview, they believe in the significant of naming in a person's life, ceremony, death and burial rite and other social cultural practices within the context.

Much importance is given to the naming of a person as mentioned above. The meaning-making sense of a name a person is given has to influence the person's immediate behavior, perception, and future occurrences. For example; 'Ikechukwu' meaning 'God's power', 'chukwunonso' meaning 'God is so close to me', 'Onyekachukwu' meaning 'who is bigger than God'. There was a story of an Igbo woman who was barren for 15 years and very courageous. Her name called 'Ogechukwukanma' meaning 'God's time is the best' and she graciously gave birth to triplets, two boys and a girl. Igbos have the worldview of believing that God's time is always the best for anybody because "Onye buru chi ya uzo ya na ahuhu ana-eme" literally means "wait for God to give you direction and bless you". "Nwa-ayo nwa-ayo ka eji aracha ofe di oku" or "ebe onye oso ruru ka onye ije ga erukwa" meaning "working at your own pace without rush, you will definitely get there."

The Igbos are known to be industrious, creative, religious, prosperous, pragmatic, appreciative, intelligent, and are capable of survival in any city they sojourn and inhabit. They use their senses to achieve success even in a closed or deserted system. They make dry land fruitful and are scattered all over Nigeria and the world. Anecdotally, it is common to hear a person say, "Any city you don't see an Igbo person, run for your life because that land is doomed!" In wider society the Igbos are marginalized and subjugated, remarkably, these issues and their sufferings have been linked to punishment for abandoning their faith to lesser 'gods' and evil practices.

The ethos of Igbo men

In Igbo worldview, men predominate over women in all spheres of life endeavors. They are seen as the head of every family. The women reverence their husbands with glorified names like 'Nwoke Ukwu' or 'Odogwu nwoke'

meaning ‘great man’ other names like; ‘Nnanyi’ meaning ‘our father’, ‘Agu Nwoke’ or ‘Oke Agu’ meaning ‘male lion’. Igbo men are energetic, vocal, patriotic, never feel intimidated, and are ready to adapt to any change at the same time looking for an opportunity to succeed. In Igbo worldview, having many children is a means of never ending resources. Women who are productive are praised and encouraged to give birth to more children and are rewarded after the tenth delivering. The woman is usually rewarded with a big cow called ‘ehi igwu’ meaning ‘waist cow’. This cow is killed after a few days to appease the ancestral god responsible for childbearing in respect of the mother. The human existence in Igbo worldview is a source of security, protection, support in distress or affliction, and a means to ward off the conspiracies of evil spirits in the land. As much as Igbos love children, preference for male children is dominant in terms of socio-political and economic aspects of life. A life legacy is to have a male child who will continue with the family name when others have departed from this world to meet the ancestors. An average Igbo man sees a wife as his property and expects total submission from the wife to gain access to his world of love and support. However, this does not mean conflict does not exist. I heard people talking on different occasions about a particular family. They said, “this woman has used ‘juju’ to confuse the husband, he does whatever she tells him to do.” The allegory may reflect the saying that, “A woman that knows the way to the husband’s heart has nothing to lose but gains more.” Such women are called ‘oriaku di ya’ meaning ‘a woman that eats her husband’s wealth’, evidenced by the display of expensive clothing, jewelry, and cars.

The ethos of Igbo women

Marriages involve not just a couple but rather two kinds of roles and mutual rights and obligations. The goal is to make sure the partners are responsible in order to avoid future marital problems with potentially negative consequences for a large number of people. (Nwoye 2011, page 312)

Before colonialization, Igbo women’s existence was to have children and nurture them. Igbo culture favors male socialization more than female, such male orientation of social achievement includes; hunting, wrestling, a secret outing in

masquerade and dances, and palm wine tapping. Women were regarded as the weaker sex and not equal to a man. During colonialism, the British further influenced the culture of subjugation of women and promoted the gender specific role. Women were only trained in the jobs that would allow them to be submissive to their husbands and care for their children, such jobs as teachers, hairdressers, nurses, seamstresses, and cooks. As a consequence, women became more educated and fluent in the English language. It was at the introduction of indirect rule by the British government that Igbo women were awakened, and became afraid of the taxes and unfair policies imposed on them with an adverse effect on their traditional culture. This led to 'Ogu umu nwanyi' meaning 'women's war' (Aba women's riot of 1929). The supposedly imposed strategy by the British colonial master was weakened and challenged in Igbo land, and they eventually lost their grip on Igbos. Subsequently, educated women became more active politically, economically and socially. However, despite the level of education, exposure, and class, Igbo women still submit to their husbands. Women such as the late Professor Dorothy Akuyili, who was the Director-General of the National Agency for Food and Drug Administration and Control (NAFDAC) said, "I still respect my husband and prepare his food the way he likes it."

Challenges for Igbo women are mostly in the upbringing of their teenage daughters and marriage. To avoid pre-marital pregnancy, mothers go extra miles to educate their daughters on sex education and use of herbal preventive measures. During my adolescent age, at the onset of my menstruation, my mother said to me, "Ann my daughter, you are now a woman, if any man touches you, you will be pregnant. However, if that happens, I will make sure you get married to an old man in the village". Such pregnancy is a social stigma and shame to the girl child as well as the family. Hence, early marriage is obvious to cover such shame. Female circumcision (female genital mutilation) is encouraged to reduce the chance of promiscuity in a girl child, although this practice has reduced because of increased awareness of the health implications. A girl child is prepared on how to become a good wife, good mother and exceptional home manager. She is never encouraged to have sex with supposed husband until marriage rites are completed. Igbo marriages are arranged and

never contracted secretly. In the case of adultery, a woman is disgraced and sent back to her parents. If such woman or a man caught dies in the process, they would be thrown into the evil forest, receiving no burial rites or would be buried with their face facing downward. The greatest fear of Igbos is for them not to be given quality burial rites. This means banning them from meeting their ancestors in the world of the dead resulting in them being homeless and in limbo. The consequence of adultery is high in women because a married man can only be punished when he defiles another man's wife, but is free to have single women. In some cases, women might suffer strange mental disorders (madness) until they confess such sin. A ritual is performed using a baby chicken called 'nwa uriom okuko.' The woman appears naked in front of the shrine to appease the god to forgive her. After the ritual, the husband may accept her back if he still loves her, or to please the children, family or in-laws. If a man covers his wife after knowing about such act he would suffer strange sickness and may die. A woman that commits such avoids cooking or having sexual contact with the husband until the ritual is completed.

The Igbo girl is preoccupied with the marital ethos of submission, cooking, and childbearing. Another harsh practice against Igbo woman is the ritual and condition she is exposed to when the husband dies. Her hair is shaved; some families would make the woman drink the water used to wash the remains of her husband, to prove she was not responsible for the death. The husband's property and all businesses are collected from the woman and seized by the husband's family, leaving her with nothing to train her children. She may be subjected or forced to marry the brother or uncle of her late husband, to retain her in the family and have more children for the dead husband. Nevertheless, Igbo women are highly industrious, supportive, humorous, intelligent, creative, and adoring. They are compassionate, goal getters, spiritual, teachers, protectors, bearers and rearers. All these attributes could be altered when husbands or family members deliberately test any of the qualities. She becomes "a lion" and ready to "devour" anybody including husbands. An example of such women who suffered under her husband is Buchi Emecheta, an Igbo born contemporary Nigerian novelist who left her marriage with her children because she was overwhelmed by her husband's maltreatment and unsupportive attitude. She encourages other women

to leave an unhappy marriage “Personally I’d like to see the ideal, happy marriage. But if it doesn’t work, for goodness sake, call it off”, (1980 interview, cited by Nfah-Abbenyi 1997, page 7). In some cases, despite all odds, Igbo women may run away for a period of separation, yet return home because of their children’s need for emotional and physical support. I heard someone suggesting that, “Women’s submission can only last until husbands allow them to control resources and contribute to decision making in the family.”

Igbo beliefs about illness and misfortune

In Igbo worldview, worry and tribulations arise when the values of children, marriage, health, prosperity, and harmony are threatened. Indeed, among the Igbo, life is perceived as precarious in nature. This is because of disease, shortage of resources with which life can be attended, and the difficulties of getting on with those with whom one is deeply and daily involved. (Nwoye 2011, page 316)

When faced with illness, the Ibo response is usually to seek a medicinal remedy. Should this fail, divination may be used to explore the cause of the problem. In Igbo worldview this pragmatic attitude informs the approach to any affliction and uncertainty that may arise. Relying on only one means for dealing with misfortune is deemed unwise especially when misfortune continues and worsens. If a first attempt at solving the problem fails the assumption is that something more than the ordinary is involved. And decisions have to be made about whether the diviner or the hospital doctor was correct, or if other causes were at work simultaneously. Hence Igbo worldview favours a holistic approach to the problems of the human experience.

Summary

This chapter has laid out the cultural backdrop to this research and provided an introduction to Igbo socio-cultural values and worldview that were influential in my methodological approach.

CHAPTER 3

REVIEW OF LITERATURE

*The mosquitoes swirl
in the mix with her soft
skin --
applause splatters*

*a melodrama
is presented, deadly duet--
malaria looms*

*A minute menace
niggles the baby's
mother--
high warmth within*

(Adeleke Adeite 2013)

Introduction

This literature review involved a search of electronic databases namely, MEDLINE, PUBMED, CINAHL and EBSCOhost, electronic journals, Google scholars, and scanning of reference lists of articles from 1990 to 2015. The keywords and search terms used in the process includes: malaria, pregnancy, Nigeria, ITN, Africa, policy, rural, maternal mortality, barriers, knowledge, ownership, use, health worker, World Health Organization, Rollback Malaria Initiative and other studies related to maternal health, health promotion, vulnerability, transcultural competent care and policies by the government. I went back to 1990 in order to have a sense of the picture before the introduction of major global initiatives on malaria prevention. Within that timeframe, I looked at the epidemiology of malaria, global initiative on malaria in Africa and Nigeria, impact of the ITN in terms of utilization, responses of African governments, and issue of vulnerability. The literature search was limited to English language publications, and pharmaceutical research literature was not included. However, studies presenting knowledge, awareness and reasons for using and not using insecticide treated nets, from individuals who

reported owning a mosquito net, were included irrespective of type of net. Regarding the breakdown of the search, PUBMED and CINAHL generated 2,214 relevant papers. EBSCO overall search strategy including socINDEX with full text, MEDLINE with full text, CINAHL plus with full text, Academic search complete, psycINFO, and eBook collection, Education abstracts generated 667 articles; Google Scholar generated 25,600 with a further reduction to 2,960. I screened the articles by reading the abstracts, after applying the inclusion and exclusion criteria it further reduced to 194 and 114 respectively. I then read the full articles and discovered 80 to meet the inclusion criteria. The studies that met the inclusion criteria included 41 articles for the quantitative method, 11 articles for the qualitative method, mixed method 5 articles, and 23 other studies including malaria prevention policy and gender issues. The process of paper reduction is summarized in Table 2.1, and a full account is presented in Appendix 1.

Epidemiology of malaria

Malaria is a protozoa infectious disease, apart from tuberculosis and HIV; it kills people more than any other communicable disease (Park, 2007). Malaria mortality in Nigeria is associated with *Plasmodium falciparum* and *malariae*, which are of the genus *Plasmodium* species, thus, *Plasmodium ovale*, *Plasmodium vivax*, *Plasmodium malariae* and *Plasmodium falciparum*, and transmitted to man by infected female *Anopheles* mosquito (Lagerberg, 2008).

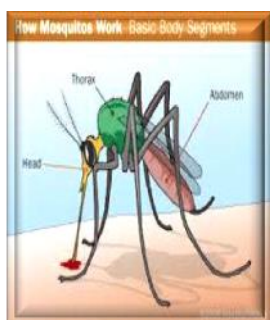
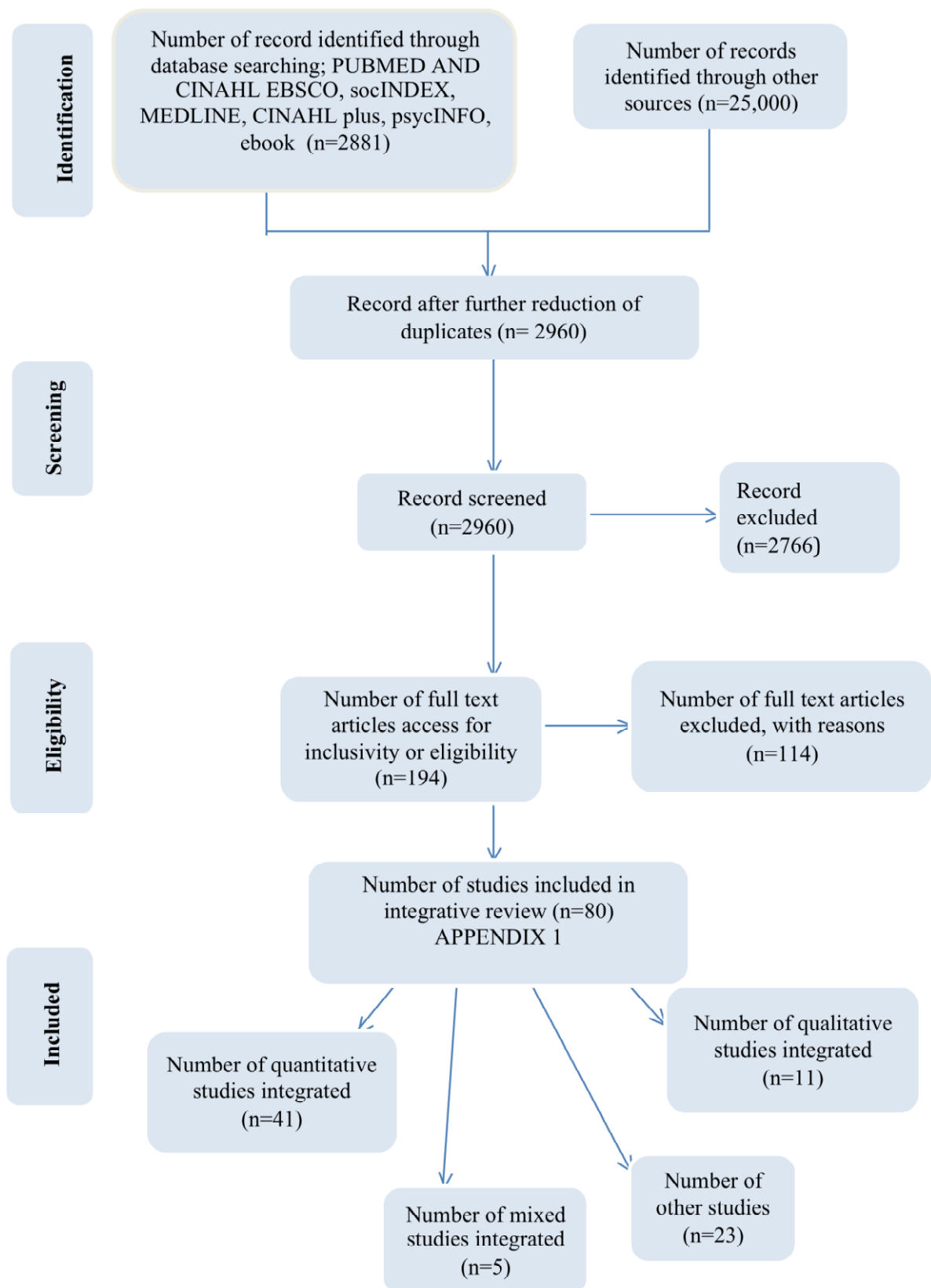


Table 2.1: Summary of paper reduction process



Its clinical features vary from mild to severe. Complications depend on the species of parasite present, the patient's state of immunity, the intensity of the infection and the presence of associated conditions such as malnutrition and/or other diseases (Schantz-Dunn and Nour, 2009). A typical attack of malaria comprises of three distinct stages; Cold stage, hot stage and sweating stage (Park, 2007 page 234). Malaria has been reported as pregnant women's worst enemy with maternal mortality estimated as 800 per 100,000 live births and a ratio of one in 8 pregnant women dying from malaria (Obinna, 2011). Recently, UNDP (2015) revealed that out of 125 million pregnancies that occur in Sub-Saharan Africa yearly, they had recorded 83 million live births. Notably, children under five years of age, Hiv-infected women and pregnant women especially the primigravidas (that is first pregnancy) and secundigravida (second pregnancy) have the highest attack rate due to low immunity. During pregnancy, women's immune system are altered making them more vulnerable to malaria (Mor and Gardenas (2010, Lagerberg, 2008, Okoko, Enwere and Ota 2003). Consequently, malaria can present a serious problem to both mother and fetus resulting in maternal anemia, stillbirth, low birth weight, intrauterine growth constraint and death (Brown, Singh and Rogerson, 2013).

Research into malaria prevention

The malaria burden in the world led the global community to come up with a strategy to control malaria infection. In 1955, a proposal for malaria eradication programme was initiated; however, this marked the first global strategy for the fight against malaria (Snow and Marsh, 2010). The strategy obliges in the interruption of malaria disease transmission in countries around the world, through the massive and rapid application of dichloro-diphenyl-trichloroethane (DDT). However, the practical challenge experienced in DDT application resulted in exclusion of Sub-Saharan Africa from effective involvement in this global strategy, because of laxity in its application, leading to failure in achieving goals (Feachem and Sabot 2008).

Some years following the launch of the global strategy, it became apparent that sub-Saharan Africa had not yet attained elimination stage, and more than 70% of

the malaria burdens are in Africa (White, et al., 1999). In response, in 1969, a new strategy for global malaria eradication was proposed. This strategy was a change from a time-limited campaign to a long-term goal, focusing mainly on control using chloroquine for treatment of febrile illness. Disappointedly, malaria morbidity and mortality began to rise in the 1970s and 1980s as resistance to chloroquine emerges (White, et al., 1999). Consequently, it became a worldwide disaster as national and international institutions failed to control the malaria upsurge. In 1992, a meeting of the world's health ministers was held in Amsterdam, Netherlands, aimed at refocusing attention on malaria control. The outcome of the meeting was a launching of a global declaration on malaria control with more emphasis on Africa. This resolution indicated the urgent need for commitment to malaria control by all government, health and development workers, and the world community.

Global initiative for malaria prevention in Africa

As part of the plan to support the endemic countries to control malaria, the UN Secretary-General launched a special initiative for the African continent in 1995. In 1998, the Roll Back Malaria (RBM) initiative (Nabarro and Taylor 1998) as recommended by the Director of WHO was a strategy to halve deaths from malaria by 2010 to meet the target of Millennium Development Goal (MDGs) (WHO, 2000 cited in Snow and Marsh, 2010). Roll Back Malaria is a multi-pronged strategy for controlling malaria and has proven to work if used consistently and committedly (Snow and Marsh, 2010). These approaches include prompt and efficient case management, intermittent preventive treatment of malaria in pregnancy and integrated vector management including the use of ITNs, indoor residual spraying and environmental management (RBM, 2004). Other interventions to reach out to people especially the vulnerable, and for an effective implementation of RBM strategy, include advocacy, communication, social mobilization, effective program management, monitoring, evaluation, partnerships and collaboration (Ankomah, et al., 2012).

In April 2000, African Heads of State at a summit meeting in Abuja, Nigeria, agreed to halve mortality from malaria in Africa by 2010 using RBM initiative

(Snow and Marsh, 2010). This agreement was significant because of the effect of malaria disease in their economy, especially persistent death in pregnant women and children under five years of age. In 2002, the Global Fund to Fight AIDS, Tuberculosis and Malaria was established to make large-scale funding available for health-related MDGs. Following this plan, by 2009 Global Fund, supported by WHO, increased its backing regarding funding for malaria control and prevention in Africa (Global Fund to Fight AIDS, Tuberculosis, and Malaria, 2009). The World Health Organization approved US\$5.3 billion for 191 malaria grants in 82 countries to support a consistent set of priority interventions across most of the African countries. The interventions include the use of insecticide treated net (ITNs), indoor residual house spraying, and reduction of maternal and neonatal consequences of infection during pregnancy. Replacement of failing malaria drugs, for example; use of artemisinin-based combination therapy (ACT) and improved diagnostic intervention at the point of care with rapid tests (Snow, et al., 2010). Subsequently, provision for 103.3 million doses of artemisinin-based combination therapies (ACTs) and 18.3 million doses of anti-malaria were made available for pregnant women (Noor, et al., 2009). In order to ensure availability of ACTs for possible malaria treatment at home, Nigerian pharmaceutical manufacturing groups improved production of ACTs and well-packaged designs suitable for home management of malaria. Presently, ACTs are the drug of choice for malaria treatment owing to increasingly unsuccessful treatment of chloroquine (WHO, World Malaria Report, 2009).

Development and functioning of insecticide treated nets (ITNS)

ITNs were developed in the 1980s to replace ordinary bed nets that had been in use since the mid-18th century (Njoroge *et al.*, 2009). During the Second World War in Russia, Germany and US, the soldiers used bed nets to protect themselves against malaria attack (Curtis and Mnzava 2000). Most of the nets are of polyester, cotton, polyethylene, or polypropylene or nylon. The nets vary in size, shape, color, and material as well as the insecticides (chemical) use in treated nets (CDC, 2012), and are used to provide individual physical protection against malaria or other insect-borne diseases. Specifically, the net provides a tent-like covering over a bed (Lengeler, 2004). Initially, the ordinary bed nets used were

an individual protective measure. The bed nets only provide a physical barrier between human host and mosquitoes and do not kill mosquitoes. However, to enhance the effectiveness of the bed nets, treatment with insecticides became a better option. In the 1970s, an entomologist introduced the use of synthetic pyrethroid (Curtis, 2000), approved by WHO to treat the bed nets. These nets are impregnated with an insecticide such as Deltamethrin or Permethrin, which not only protects the individual using them but also repels or kills mosquitoes as they come close to the net (Njoroge et al., 2009).

In the 1980s, research studies focused more on the efficacy of the pyrethroids on the bed net. It was discovered that the chemical present little health risk to humans and other mammals (Curtis and Mnzava 2000; Hanson, 2003; Phillips-Howard, et al., 2003; Lengeler, 2004). The authors argued that the carbon dioxide and odor from a person sleeping under the net attract the mosquitoes, and when they come close to the ITNs, they either are repelled or killed by the insecticides. Evidence confirmed residual house spraying only killed mosquitoes when they rested on the walls (Russell et al., 2015, Yukich, et al., 2009; Wiseman et al., 2007). Evidence has shown that ITNs with large holes provide better protection than ordinary bed nets (Idowu et al., 2010). Studies carried out in Gambia, Ghana and Kenya on bed net use revealed that the rate of malaria attack reduced to a minimal level with the use of ITNs (Thwing, 2010). Njoroge et al., (2009) noted that the mosquitoes were dying as soon as they come close to ITN. Similarly, Pettifor et al., (2008), argued that people who used treated bed nets suffer less from malaria attack than those who use ordinary bed nets, and other malaria preventive measures.

The impact of ITNs

Studies show that significant complications during pregnancy such as anemia, premature delivery, and infant mortality, reduce if ITNs are used correctly (Gikandi et al., 2008). Similar studies carried out on the effectiveness of ITNs in preventing malaria have provided approximately 80% protection against a malaria attack in endemic areas of Africa including Nigeria as aforementioned (Killeen and Smith, 2007). Najera, et al., (2011) and Njoroge, et al., (2009),

argued that if ITNs are used widely in the community, a reduction in the density of the local mosquito population might occur, and thereby decrease mosquitoes' longevity in the environment. The potential impact was that mosquito populations reduced significantly, as well as the human host infection. Consequently, the mosquitoes' life cycle and transmission of disease to human host is interrupted (Yukich, et al., 2009). Research reveals the reduction in mosquito population density by extensive use of ITNs in the community not only protects people who use it, but also those who do not have or use ITNs. Several researchers have found that pregnant women, who have suffered from major complications of malaria infection, either do not have access to ITNs, or have them but do not use them correctly (Najera, et al., (2011) and Njoroge, et al., (2009). The government and donor agencies have addressed these challenges to make ITNs accessible to those who need them and to increase awareness of the importance of ITNs as well as on the use and fixing of them (Idowu et al., 2010).

Insecticides and net care

Studies have shown that the insecticides used on ITNs are highly toxic to insects including mosquitoes, repelling or killing them, even at little doses, and the insecticide remains active in the nets for six months (Yukich, et al., 2009 and Lengeler, 2009). It reduces its potency when washed harshly or exposed to sunlight (Winch, et al., 2007). It is recommended that when the bed net is dirty, one should wash it by simply plunging it into a mixture of insecticide and water, then, allow it to dry under a shade (WHO, 2014, Azondekon, et al., 2014, Hunter, *et al.*, 2014 and Eisele, Thwing, and Keating, 2011). Dust in Africa has become a major concern, resulting in frequent washing of nets rendering them infective within a short period (Winch, et al., 2007 and WHO, 2002). Hunter, et al., (2014) suggested providing adequate instruction on nets care, washing and repair to net users. They argued that fears about nets losing potency through washing might result in additional infectious disease caused by dust accumulation on the nets. The bed nets users are to re-treat their net every 6 to 12 months if frequently washed (Atieli, et al., 2010 and CDC, 2015). The need for frequent retreatment of the nets has constituted a significant barrier to its use in most African countries. However, to provide relief from constant and frequent

washing, and re-treating of net, WHO introduced the use of long-lasting insecticide treated nets [LLINs] (WHO, 2013). These provide a long lasting solution to reducing malaria events. These nets retain effective biological activity without re-treatment for at least three years of recommended use under field conditions. (WHO 2013).

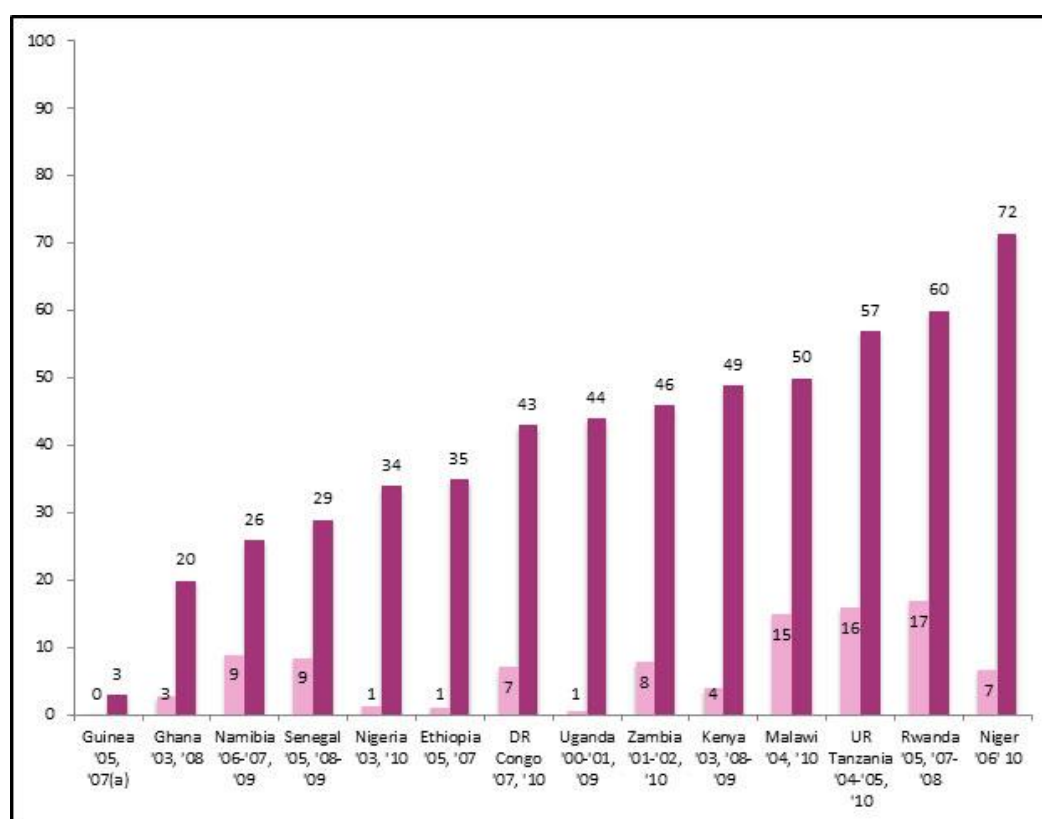
African response to the ITN initiative

African governments initiated policies on how ITNs are distributed. This varies from a subsidized rate to free ITNs distribution in communities and hospitals. During this period, the RBM introduced vouchers to subsidize the purchase of ITNs because of so many disparities noted in the distribution. Consequently, so many people could not have access to ITNs despite increased free distribution, awareness and availability, especially in the hospitals. The reason for hospital distribution was to make ITN accessible/available, especially for pregnant women and mothers. They argued that effective outreach to many women who do not attend ANC might be difficult to achieve (Singh, Brown and Rogerson, 2013). However, another strategy to reach out for hard to reach communities was to link the distribution to other disease control programs, such as immunization. For example, a programme for controlling intestinal worms in children could also reduce children susceptibility to malaria (Molyneux and Nantulya, 2004). Although the struggles to develop the right drug for malaria have borne so many fake and malaria resistance drugs ranging from chloroquine and all the misleading quines. There has still been some effective intervention in controlling this preventable disease in the African continent.

Figure 3.1: shows that the proportion of pregnant women that sleep under ITNs remains too low across sub-Saharan Africa including Nigeria. However, some countries have achieved higher coverage rates such as; Niger, Rwanda and the United Republic of Tanzania. The results indicated that 72% of pregnant women had slept under a bed net in 2010 in Niger, 60% in Rwanda and 57% in the United Republic of Tanzania. From this result, it shows that Niger, Rwanda and the United Republic of Tanzania have the highest result as compared to other African countries listed above. Nigeria, on the other hand, had a little coverage

of 34% in 2010. The ITN household ownership is relatively high, but the coverage is still low in some countries (Figure 3.2).

Figure 3.1: The proportion of pregnant women sleeping under ITN in Africa countries (*Countries with two data points, indicating the years 2000-2010*)



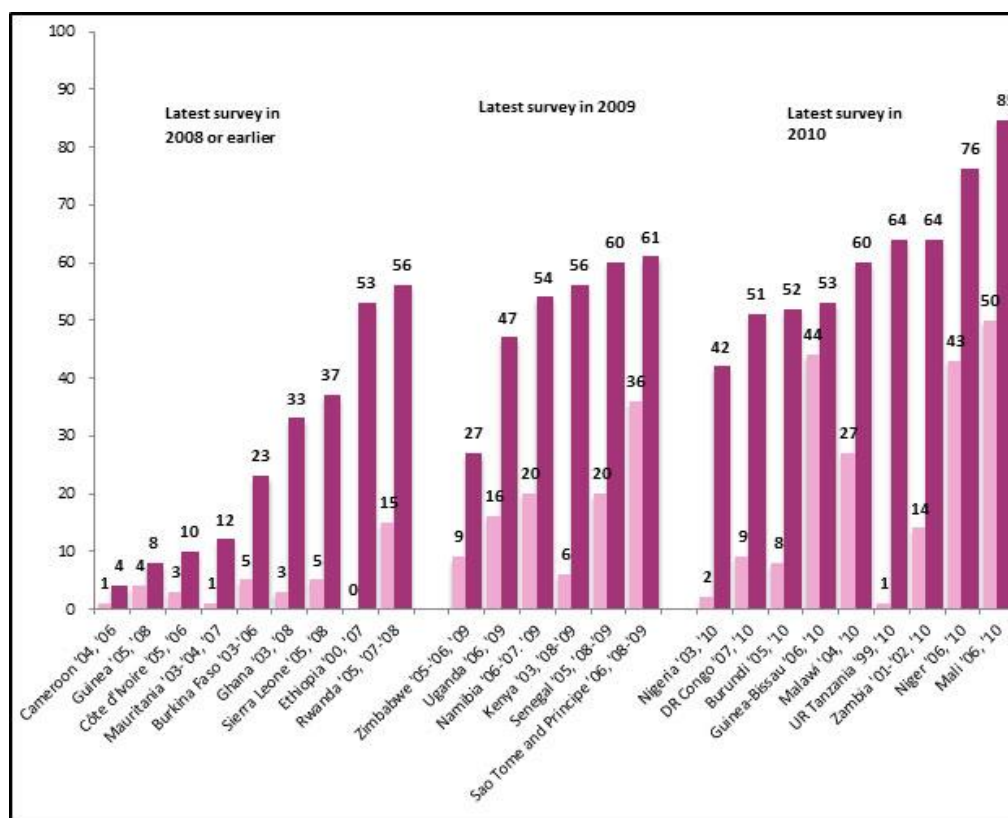
Source: UNICEF global malaria databases 2011, from MICL, DHS, and MIS in: *A Decade of partnership and Results*, RBM Progress and Impact Series, 7 (2011).

Proactive countries

There were 214 million new cases of malaria worldwide in 2015 and the African region accounted for 88% of these. In 2015, there were an estimated 438,000 malaria deaths worldwide, and again most of these deaths (90%) occurred in the African Region (WHO 2015). Although Nigeria and other African countries were not able to achieve the RBM goal of halving malaria mortality in 2010 and 2015 respectively, despite all the measures provided, countries such as Kenya, Rwanda, and Zambia have generated passion for an all-out attack, with success in reducing malaria mortality rates (Feachem and

Sabot, 2008). These countries have shown good practice in achieving high success in malaria control in African continents.

Figure 3.2: showing ITN household ownership in African countries
Percentage of households owning at least one ITN, African countries with at least two data points, 2000-2010



Note: the data of each country's national survey are indicated next to the country. The lighter color refers to earlier survey while the darker color refers to later survey

Source: UNICEF global malaria databases 2011, from MICL, DHS, and MIS in: *A Decade of partnership and Results*, RBM Progress and Impact Series, 7 (2011).

Their success rate is different from Nigeria and other African countries that are still battling with malaria disease. For instance, Rwanda employed the use of ITNs for their malaria control, and the Demographic and Health Survey (DHS 2010) showed a net ownership rate of 82% as compared with 57% in the report of 2007/2008. The usage rates of ITN by children and pregnant women of 70% and 72% as compared with 58% and 62% in 2008 respectively.

The WHO report on Malaria Day 25th April 2016 revealed five more countries set to achieve malaria-free status in the next five years, including Botswana, Cape Verde, Comoros, South Africa and Swaziland. This has been partly influenced by increase in ownership of ITN and scaling up of ITNs coverage and usage (The New Times, 2012). A DHS (2010) survey result also reported that 82% of the population has at least one LLIN for every household. This report shows an increase in net ownership of 82%. This is in contrast to Nigeria where household ownership of at least one ITN is 42.0% on average (Kilian, et al., 2013). The report shows that 72% of Rwanda pregnant women slept under ITN while 3.9% of Nigerian pregnant women on the average slept under ITN (Okeibunor, et al., 2010). Rwanda employed free mass distribution of LLIN during integrated health and vaccination campaigns, routine distribution of free nets through antenatal care (ANC), an Expanded Programme on Immunization (EPI) (Chambers and Golooba-Mutebi, 2011), and maintained collaboration with the PMI to maintain a universal coverage for all age groups. Aimed to ensure the LLIN distribution systems to district and community levels stay constant to prevent stock-outs. They also encouraged behavioral change communication (BCC) activities both at national and community levels, especially the use of community health workers (CHWs), to promote correct and constant ITNs usage (Rwanda Demographic Health Survey, 2010). Rwanda drafted a new five-year National Malaria Control Programme Strategy (NMCPs) put in place in September 2012-2017. The NMCPs in Rwanda is based on gaps and priorities addressed in the Malaria Performance Review of 2011 (Golooba-Mutebi, 2011).

The strategy proposed for achieving this goal was to reach 85% coverage of the most vulnerable population including pregnant women and children under five years of age. It should be evidence-base preventive and therapeutic interventions, by using ITNs, indoor residual spraying (IRS), artemisinin-based combination therapies (ACTs), and intermittent preventive treatment during pregnancy (IPTp). Rwanda embarked on an intensive 15-months campaign, distributing over 6.1 million LLINs. They became one of the first African countries to reach universal net coverage in February 2011 (Olivier de Sardan, 2012). They were able to cover 358,804 using indoor residual spraying programme conducted last

August through October 2011, and this programme has expanded each year. The Ministry of Health (MOH) directed that all presumed malaria cases should be laboratory confirmed. In less than two years of the MOH Directive, a report indicated 95% of malaria cases confirmed through microscopy or rapid diagnostic tests, at all levels of healthcare structure in Rwanda (Golooba-Mutebi, 2011). However, to ensure effective implementation, the Rwanda government provided training and extensive network of 45,000 community health workers, mobilized them to implement integrated community malaria case management. Studies show that Community health workers play a vital role in malaria case management in the community. The government provided mobile phones to all the CHWs to facilitate communication to appropriate report of cases that need urgent intervention. Ambulances are sent immediately an emergency occurs or case reported. The victim/patients are rushed to the nearest health care facility (Olivier de Sardan, 2012). Rwanda's success in tackling Malaria is in stark contrast to Nigeria where marked barriers to distribution and usage of treated nets exist. This is because of multiple factors which are explored below.

Nigeria's policy on malaria prevention

In the context of a 47% global malaria burden in the world (Onoka, et al., 2012), research has ranked Nigeria highest in terms of malaria attack on maternal and child health, compared with other countries in sub-Saharan Africa (Chukwuocha, et al., 2010). It constitutes approximately 25% of the indirect causes of maternal mortality in Nigeria (Gikandi, et al., 2008).

Also, a majority of the Nigerian population is affected, and people see malaria as a natural component of living, owing to the everyday experience of having malaria (Onwujekwe, et al., 2000). Everybody assumes to know the presenting signs and symptoms of malaria infection, and malaria treatment. They further expressed that most people prefer self-medication to avoid lengthy waiting in the clinic and reduce cost (Osemene and Lamikanra, 2012, Oreagba et al., 2011). Habitually they wait outside their homes and call out to hawkers peddling different malaria tablets and concoctions. This has resulted in several unrevealed deaths in Nigeria (Onoka, et al., 2012). They see it as just a sad event and push

the blame to the government's inability to care for the citizens, and a failing healthcare system (Maiangwa et al., 2012, Smith, 2008).

Nigeria's policy on malaria prevention is informed by four key issues which include; the need to achieve universal access, compliance to the World Health Organization Pesticides Evaluation (WHOPES), the introduction of the new technology of LLINs and providing focus to multiple players relevant to ITNs/LLINs activities (NMCP, 2008). However, Nigerian government has established to step up the intervention of health care programmes especially on malaria to provide protection to pregnant women and children under-five years old (Anyahie et al., 2011). Such intervention includes the use of intermittent preventative treatment with anti-malarial medications, and distribution of ITN. For effective coverage and use, it was penciled that women should be given especially during routine antenatal care, ensure free ITN distribution, routine inspection on the use, and advice on how to fix, and care for nets (Wiseman et al., 2007). Despite the WHO recommendations on malaria prevention strategies, providing IPTp to pregnant women during the first and second trimester, and LLINs at every ANC visit. Also the current emphasis on community-based strategies for malaria control (Obinna, 2011), there is still marked inconsistency in the distribution of the ITNs, access, availability and low usage in the strategic locations in Nigeria (Amoran, Senbanjo, and Asagwara, 2011).

Pell et al., (2011) argued that utilization and the effectiveness of an intervention are dependent on some intrinsic factors including social-cultural factors, which often influence individual attitude and behavior especially to the demand and supply of malaria preventive intervention. The social-cultural context is often neglected, but it plays a significant role in how, when and where intervention is accessed, procured and provided irrespective of options available, such as health facilities during ANC, community support, traditional healers, and traditional birth attendants (Pell et al., 2011). Understanding the social-cultural factors influencing behavior and attitude for the demand, supply, and utilization of health intervention requires a social science research approach (Pell et al., 2011). Interestingly, on the 25th April 2016 World Malaria Day, WHO (2016) reported that in Nigeria, the malaria burden had reduced by 18 percent, indicating that

Nigeria has yet to meet the target of 2015. The report reiterated the impact of malaria on the nation's economy, and on individuals, hence, the need to step up new interventions and innovations for malaria control if an end to malaria in Nigeria was ever to be achieved.

Research into the impact of malaria prevention initiative in Nigeria

Quantitative, qualitative and mixed method research studies carried out on malaria prevention and the use of ITN among pregnant women have reported that several barriers influence the use of ITN (Wagbatsoma and Aigbe, 2010). Some of these barriers include; lack of awareness, no space to hang the net, discomfort (sweat), non-availability, accessibility, high cost, people do not believe ITN works and negative opinion of people of the chemical used in treating ITN (Wagbatsoma and Aigbe 2010). Age barriers regarding the pregnant adolescent, as well as men's lack of interest in malaria prevention also contributed to low level in its use (Chukwuocha et al., 2010). The full range of research studies informing this part of the review is included in Appendix 1, Tables 1-4.

Lack of awareness and misinformation

Several studies suggested that the major influence on ITNs use among women is a lack of information and misinformation (Anyahie et al., 2011, Chukwuocha et al., 2010). Anyehie et al., (2011) argued that it is either that women are misled, or that they are not given proper information on its use. The report revealed misinformation, such as not using the distributed net during pregnancy. The reason given was that ITNs could delay the normal birth process, child growth and development in the womb, abortion and possible death of the pregnant woman (Pulford, et al., 2011). Women were misinformed that nets could entangle and trap small children if they were left unattended in bed. Such misinformation could explain why ITN use remains low (Amoran, et al., 2011). Government provided support for organizing intense educational programmes, campaigns, and interventions to promote the use of ITNs and ownership, by using antenatal talks, use of posters, radio, newspapers, religion leaders, meetings in local communities, television and health workers (Chukwuocha, et

al.,2010, Aina and Ayeni, 2011). In ten focus group discussions conducted by Chukwuocha, et al., (2010), more than three-quarters of participants indicated that they trusted information from the health workers, because they have expert knowledge on all health issues. They could quickly reach out to the people and provide direct explanation on any issue. The participants also trusted information from radio messages because radio was seen as an affordable source of official and authoritative information in Nigeria, providing broad coverage of health information both in the urban and rural areas.

Chukwuocha et al., (2010) argued that it is of great value to provide education and precise information on the importance and the use of ITNs, women would make an informed choice, whether or not to use ITNs. It became apparent that an increased number of women in the local areas still do not understand the difference between ordinary bed-nets and treated bed nets (Ogbodo, et al., 2009). This implies that, having the knowledge of non-treated mosquito nets does not automatically provide sufficient evidence for improved utilization of ITNs. Pregnant women may have the knowledge of mosquito nets and lack knowledge on the benefit of ITN, and how to use it (Agomo et al., 2009). To further explain this, the results of research studies carried out in Malawi showed that about 70% of women in Malawi have the knowledge of bed net while only 30% use ITNs. Such discrepancies might be a factor in explaining why malaria remains prevalent in other endemic regions (Njoroge, 2009). However, this figure may have changed owing to scaling up of ITN coverage in Africa, as 2010-survey results show 60% ownership and 50% usage.

Non-availability/accessibility

Non-availability of the ITNs poses another threat to its use, as those who are willing to utilize ITN do not have them (Wagbatsoma and Aigbe, 2010; Mbachu, et al., 2012). Anyaehie et al., (2011) noted that the campaign of rollback malaria (RBM) and WHO for free wide distribution of ITNs to pregnant women and children under five years of age had limited success. Research study reveals that insufficiency of the nets and other malaria preventive drugs have resulted in an increase of mortality rate (Njoroge, 2009). Despite the widespread RBM policy for low price ITNs and free distribution, as well as financial investment in

ITNs procurement and distribution. This would achieve a wider coverage in most regions especially among pregnant women and children. Recently published data from Sub-Saharan Africa indicated that 96% of the endemic countries adopted a policy for ITNs coverage (Mbachu, et al., 2013). In Nigeria, low price and free ITNs distribution policy adopted, surprisingly; low ownership and usage indicated in Nigeria (Iwu et al., 2010). In Nigeria, the main proposed delivery system for ITNs distribution was through antenatal clinics (ANCs), either by giving ITNs free on attendance or by using a voucher system (Pulford et al., 2011). Chukwuocha, et al., (2010), argued that this method limits ITN ownership especially of newest families or pregnant adolescents who do not attend ANC clinics due to fear of people knowing they are pregnant, especially their parents and the school. This group is the least likely to use ANC services. This may be because their response to unwanted pregnancy in Nigeria is always to have an abortion, and women in rural areas either lack financial support for ANC services, or live at great distance from health facilities.

Research studies also revealed that availability and accessibility of ITNs by these women has a connection with the attitude of the health workers (Chukwuocha et al., 2010). The study found that the relationships of women with the health workers, cost and distance to the health facilities, knowledge of antenatal care and other local factors influenced women's acceptance of any health intervention program (Brown, et al., 2013). The access to a health facility is dependent on the attitude of the health workers towards the pregnant women; attitude could be of caring, negligent, excellent communication, encouragement and support. The study suggested that health professionals are to show a positive attitude, commitment to service, and provide a more encouraging environment to the service users. It found that hoarding of ITNs by health workers and selling them secretly has also influence ITN access and usage. This behavior contradicts Government policy on free ITNs distribution and selling at a subsidized price rate to ensure a wider coverage (Pettifor, et al., 2009). Health workers should promote and ensure proper distribution of ITNs to those who need them, especially to pregnant women and children under five years old.

Discomfort

Discomfort was another predominant reason for non-use of ITNs. Research findings have shown that heat appears the most significant cause of discomfort and perceived mosquito density as reasons for not using a mosquito net. Klein et al., (1995) in Pulford et al., (2011), reported that one-third of the surveyed respondents that is, 73% of 260 mosquito net owning homes are not using the ITN because of the heat. Also, 43 households in which a net was owned are not using it because of their perception of low disease incidence during dry seasons. Also, Thwing et al., (2008) noted that 68.1% of nets in respondents' homes were not hanging during the dry seasons because the respondents' perception of the use is only during rainy seasons. They believed that the incidence of the disease is more in wet seasons but little in dry seasons. Thwing, et al., (2008) also noted that in both seasons, some of the respondents could not use the nets because they found it difficult to hang them. In a similar study carried out in Western Kenya and Tanzania, participants reported that net usage depended on perceived times of low or high mosquito density (Beer, et al., 2012 and Alaii, et al., 2003). Heat and other perceived discomfort such as smell contributed partially to reduce ITN use or non-use during the night.

In a study conducted by Frey et al., (2006), mothers of 21 children reported that they slept half of the night outside their homes due to high temperature inside, and got headaches if they slept inside the net (Thwing, 2010). This practice has defeated the purpose of the net because the mosquitos that cause malaria bites mostly at night. The mounted net inside the room is left unused and probably utilized when mosquito outside has bitten them. It could be of benefit if families were able to hang the net in their various sleeping areas to decrease mosquito bite. The problem these households may face is difficulties in fixing, as some of the nets do not have an external supporting structure. Pulford et al., (2012) suggested that manufacturing companies responsible for bed net design should develop an outdoor or stand-alone net mosquito net, which could stand alone without external support, portable and user-friendly. These quantitative research study revealed that low use of ITN has an association with women's experience in malaria prevention.

The literature review highlights the main barriers that influence ITN use by women; there is yet an important aspect of individual women experience that needs researchers to address them. The researchers need to address the complexity of human lived experience using qualitative/interpretative approach, which is the only approach to comprehending human nature (Abdullahi and Senecal, et al., 2012). The present study will use narrative inquiry to explore women's stories of their experiences on malaria prevention using ITNs.

Experience of health workers

Research studies have revealed that health workers have an awareness of ITNs but lack the knowledge about the use of ITNs (Belay and Deressa, 2008). The reason could be that they lack the conviction about the benefit of ITNs in malaria prevention (Thwing, 2010). Afolabi, et al., (2009) noted that inadequate knowledge and non-availability of the nets could also contribute to the problem. A descriptive, cross-sectional study carried out among 263 health care workers in Sagamu located in Ogun State, Nigeria was to ascertain their knowledge, use, and promotion of ITNs, between 2004 and 2005. A pretested structured questionnaire was used, the results show that 246 (93.5%) were aware of ITNs but lack knowledge about the benefits of ITN. Also, 52 (20.9%) knew the need to retreat ITN every six months and 60 (22.8%) indicated that they use ITNs (Iyaniwura, et al., 2008). It found high awareness of ITN among health workers, but the knowledge about ITNs was inadequate. The same study by Afolabi, et al., (2009), 25% of health workers indicated that they are using ITNs. There was a slight increase in ITN use among health workers in this study but still inadequate. This is not surprising because, they are in the same country, and lack proper knowledge about the benefit of ITNs.

The recent approach of ANC strategy to the distribution of ITNs as indicated above could affect ITN distribution. This may not ensure a wider coverage and utilization. The implication foreseen is that the health workers will only give ITNs to those that attend the ANC, based on favoritisms and tribalism as well as monetary gains. In Mbachu, et al., (2013), suggested compulsory training and advancement in studies to all the health workers to improve healthcare services.

Reward and incentives attached to an added knowledge, could affect the system positively (Mbachu, et al., 2013). O'Brien, et al., (2010) argued that health workers should serve as role models for the community. For example; they should practice and utilize health promotion programs available. This could promote the program and the use, because most community members would try to imitate them, it would build women's confidence in health workers, and use of the net as they were supposed to. In a study conducted by Singh, Brown and Rogerson, (2013), the findings based on a 2011 qualitative systematic review of the uptake of malaria prevention interventions in pregnancy in Africa, found that relationships with health workers influence women's uptake of intervention. Similarly, Chukwuocha, et al., (2010) noted that poor communication skills among health workers, and the way health workers handle pregnant women when they come to deliver at health facilities, might contribute to poor quality care and low ANC attendance. By implication, this will limit the number of pregnant women who receive ITN because the health workers will only give those who attend the antenatal clinic, and others who do not participate in the antenatal clinic will not receive any. As a result, even distribution of ITNs by the health workers is defeated.

Mbachu et al., (2013) argued that a community approach should be employed at all times. Maybe every three years for mass net distribution, yearly follow-up for replacement or retreatment, and involving community members in all aspects of the programme Douglas, et al., (2011) argued also that community participation has become an important role of all health care systems. It has gone further than assessing and meeting the health care needs of a culturally diverse population to build trust and collaboration between potential patients and providers. The health workers should reflect on their values, gain an understanding of traditional practices, individual and community values and belief, use cross-cultural knowledge gained over time, ensure good communication and ability to influence individuals or groups to achieve a good health outcome (Douglas, et al., 2011). The question is whether our focus is mainly on financial benefits, favoritism, or the supportive aspect of the process. What else does this body of research tell us about the worldview of the health workers?

Knowledge and utilization of ITNs by pregnant women and mothers

Earlier research studies that examined knowledge, ownership and ITN usage of pregnant women, or why they refuse to use the ITN, often focused on a particular aspect of women experience. The research carried out in Matovu investigated on knowledge and usage of ITN among pregnant women revealed that pregnant women lack knowledge on ITN benefit in malaria prevention (Matovu, *et al.*, 2009). They noted that these women utilize other preventive measures against malaria, such as mosquito coil and window gauze, (Wagbatsoma and Aigbe, 2010). Further studies carried out by Isa *et al.*, (2009), Iwu *et al.*, (2010), and Aina and Ayeni, (2011), expanded on this by exploring the overall awareness of women's experience on malaria prevention. It found a high level of awareness of ITN among pregnant women attending ANC in a tertiary health care facility in the Northwestern, Southeastern, and Southwestern regions. In contrast, other studies by Adeyemi, *et al.*, (2007), Wagbatsoma and Aigbe, (2010), and Okeibunor, *et al.*, (2011) Ukibe, *et al.*, (2013) noted low levels of awareness of ITNs among pregnant women attending ANC in Oshogbo, a South-western state, Northern state, South-west and Southeastern state in Nigeria. However, ownership of ITN was high among pregnant women attending ANC at the private hospital and low among those attending ANC at a general hospital. This is in consonance with Iwu, *et al.*, (2010) who noted a high level of ownership among pregnant women attending ANC in Owerri, Southeastern, Nigeria. This shows a noticeable difference, with the low level of ownership reported by Wagbatsoma and Aigbe, (2010) among pregnant women attending ANC in Etsako West local government area (LGA) of Edo State.

ITN usage was low despite the high level of awareness reported by other authors as well as all authors referenced above. Therefore; the factors mentioned above have influence on low use of ITN in Nigeria. Other apparent reasons for not using ITN ranges from, 'have not heard about it', 'not believing ITN works', 'cannot afford it', not suitable for African weather conditions and feeling of suffocation (Adeyemi, *et al.*, 2007). In an analysis of all the studies on the level of awareness, ownership, use of ITNs and use of other malaria preventive tools, it reflects a wide variation that could occur even within a country and biases that could occur between the various methods of data collection.

Similar studies conducted in Uganda and Tanzania show less variation between ownership and use of ITNs (Singh, Brown and Rogerson, 2013). During a focus group interview, one of the participants stated: “When you look at us and the clothes we are wearing, would you really think we cannot buy ngao {insecticides} or a bed net? For me, I think we don’t have good knowledge about those things and how important they are in fighting malaria”. This sentiment indicates that cost is not the only issue in ITN use but proper knowledge and value attached to ITN plays a key role in the use among pregnant women (O’Brien, et al., 2010). Belay and Deressa, (2008) argued that without proper knowledge, the target population will find it difficult to connect malaria prevention and ITNs. Similarly, Singh, Brown and Rogerson, (2013) noted that factors associated with ITN ownership included: education, knowledge of malaria and ITNs, marital status, and socioeconomic status.

Vulnerability of women

Vulnerability is a complex phenomenon and has generated discourses for actions over time. Studies have linked vulnerability to power relations operating in every society, and the polarity of different regions may generate unequal exposure to specific health risk for some individuals rather than others, even within the same region. The way the human system is structured politically, socio-economically and culturally places people at risk in the environment where they live. Malaria risk is more in Sub-Saharan Africa but not all individuals are vulnerable to malaria. And understanding vulnerability requires a shift from the cause of vulnerability to taking into account people’s experiences and perceptions (Bankoff 2003). However, vulnerability is better expressed by an individual or people in that situation, rather than by outsiders, because local knowledge, people’s idea of risk and practices determines their capacity to cope. Delica-Willison and Willison (2004) emphasised the need of placing people who experience disasters at the centre of research and policy agendas (Bankoff, Fierks, and Hillhurst, 2004). Further research argued that anybody can be vulnerable to disaster irrespective of socio-economic background. Both poor and rich are vulnerable but in different ways. For instance, people living in a rural community may be more vulnerable to malaria due to lack of access and

availability of preventive measures. So, vulnerability is a socially constructed system making certain people vulnerable to risk, it gradually builds up over time through rapid developmental variations in social, economic, political and environmental situations and the season of occurrences. If we understand vulnerability based on this, it seems less associated with poverty and more focused on appropriate policy-making to address the issue at all levels. Malaria vulnerability and risk status could be determined by gender as well (Reuben, 1993). Although all the population faces risk, malaria vulnerability and risk are high for poor, young and rural Nigerian women, a situation that has persisted for decades without being addressed properly. Recent reviews (Tolhurst and Nyonator, 2005) on gender health and malaria have reported women as dependent on men for access and use of health interventions. Women have to ask for their husband's support and permission before they access and utilize health services for themselves and for their children.

A study carried out in Ghana on gender roles reported that women who lack financial empowerment or economic support from husbands or male relatives, or who are in disagreements with husbands or family elders in seeking appropriate treatment, would face difficulty in accessing and utilizing malaria prevention interventions (Tolhurst and Nyonator, 2006). Effective utilization of ITN has been linked to culturally accepted patterns of sleeping; for instance, in a family having one-bed net men are allowed to sleep under the net because they are often considered as the breadwinner unless if they prefer to sleep outside the net (Tolhurst and Nyonator, 2006). The more women have control of household finance the more they give priorities to the purchase and use of ITN for their entire household. However, if women depend solely on their husbands for financial support, they are less likely to purchase and use ITN for themselves and their children, unless their husbands show interest on the use of ITN. A similar study in Ethiopia and Burkina Faso reported women's limited access to health care services due to male health worker's presence and communication (Chipwaza, et al., 2014 and Tolhurst and Nyonator, 2005). Chukwuocha et al., (2010) in a study in Eastern Nigeria expressed male dominance in decision making in the family. Women live in fear and hardly express their needs, men accuse their wives of being promiscuous if found with suspicious money, and

being disloyal when visited by male health workers without their permission. Garikipati, (2008) argued that what matters most in a woman's life is her everyday socioeconomic status. This resulted in other researchers reporting the same factor as the major contributor to the health situation of women in developing countries with increased rate of maternal morbidity and mortality (Gikandi et al., 2010).

In a similar experience, a study sample of 141 countries over an extensive period of 1981 to 2002 Neumayer and Plumper (2007), analyzed the possible effect of disaster strength, and its relations with the socioeconomic status of women, on the change in the gender gap in life expectancy. It revealed that women are more vulnerable to natural disasters than men are. In other words, natural disasters kill more women than men on the average. Generally, female life expectancy is higher than that of males. This means that natural disasters could narrow the gender gap in life expectancy. The stronger the disaster, the stronger the effect on the gender gap in life expectancy. Therefore, the higher the socioeconomic status of women, the weaker the effect of the gender gap in life expectancy (Neumayer and Plumper, 2007). Disappointingly, women who depend solely on the husbands for health care support would continue to face deteriorating health conditions worldwide. The study also indicated that because of the socially constructed gender-specific vulnerability of females built into the socioeconomic pattern of everyday life, female disaster mortality relatively is higher compared to men.

Gender mainstreaming

We have to consider this question based on the issue of Gender Mainstreaming, which is a strategy for global equality promotion emerging from the World Conference on Women in Beijing, 1995 (Olusi, 2009). Nigeria as a nation has programmes in place to promoting gender equality to answer the call for a globally acceptable strategy to make gender equality a reality. For example, women's agencies like the Federal Ministry of Women's Affairs works to promote gender equality through several campaigns, awareness programmes, and advocacy to raise the consciousness of women's right and their position in the

government. Research has suggested that recognition of agencies promoting gender mainstreaming promotes attainment of sustainable development and progress (Ekpe, Eni Eja and John, 2014). Despite all the agencies and policy, practical achievement is still awaited in most African Countries including Nigeria. Gender equality is yet to be mainstreamed into all sections in Nigeria. UNDP (2005) revealed that Nigeria ranks 123 out of 140 countries on the Gender Development Index (UNDP, 2005, 301). As aforementioned, everybody is at risk from one disease or the other. The UN emphasises the need to ensure healthy policies and programmes addressing the unique vulnerability of women and men, especially vulnerability of girl children to harmful practices against women. Addressing the issue of malaria, at least 60% of those most vulnerable to malaria should have high priority access to ITNs and other malaria preventive interventions (SADC, 2010).

Research has demonstrated that the process of gender mainstreaming in Nigeria has been lackadaisical. For instance, sectors where women's interests are prioritized such as Health, Education, and Agriculture, receive low fund allocation (Ifeanyi, 2004). Female political representatives at grass roots level are low and those elected or appointed do not have a strong will to influence policy on women's interests, especially those in poor livelihoods in rural communities. Gender equality can be a reality but requires an intersectional integrative approach to achieving it. Countries like South Africa, Tanzania, Uganda, Rwanda, Liberia, and Ghana have fully mainstreamed gender equality into their laws and practices. In Nigeria, acceptance of gender equality and commitment to gender empowerment measures are constrained by several factors including the patriarchal culture, lack of political will and genuine commitment, corruption and incessant political instability (Ejumudo, 2013). However, to ensure socio-economic growth and development, it requires full participation and involvement of all.

Summary of the literature review

The literature review reflected the claimed and unclaimed spaces for action on malaria; the positivist spaces are already occupied and claimed, but the women whose voices are little in the background need to be allowed their space on the stage. In light of the literature reviewed in this chapter, and insights from earlier chapters, the phenomenon of interest was identified as the experience of using ITN as a preventative measure in malaria. The following **research questions** were posed:

- What is it like for women (pregnant women and mothers) in rural Eastern Nigeria to live with the reality of the threat of malaria?
- What is it like for health workers (midwives and nurses) who support women in rural Eastern Nigeria to live with the reality of the threat of malaria?
- How do women and health workers try to make sense of their experience in relation to protecting families and the use of ITNs?
- In terms of protecting themselves and their children through the use of ITNs how might their experiences and stories be positioned in relation to the big story of malaria prevention in Nigeria?

Chapter 4 describes the rationale and development of my methodological approach to addressing these questions.

CHAPTER 4

METHODOLOGY

*In your ears my song
is a motor car misfiring
stopping with a choking cough
and you laughed and laughed
and laughed....*

*You laughed at my song
you laughed at my walk
you laughed at my dance
you laughed at my inside
But your laughter was ice-block laughter*

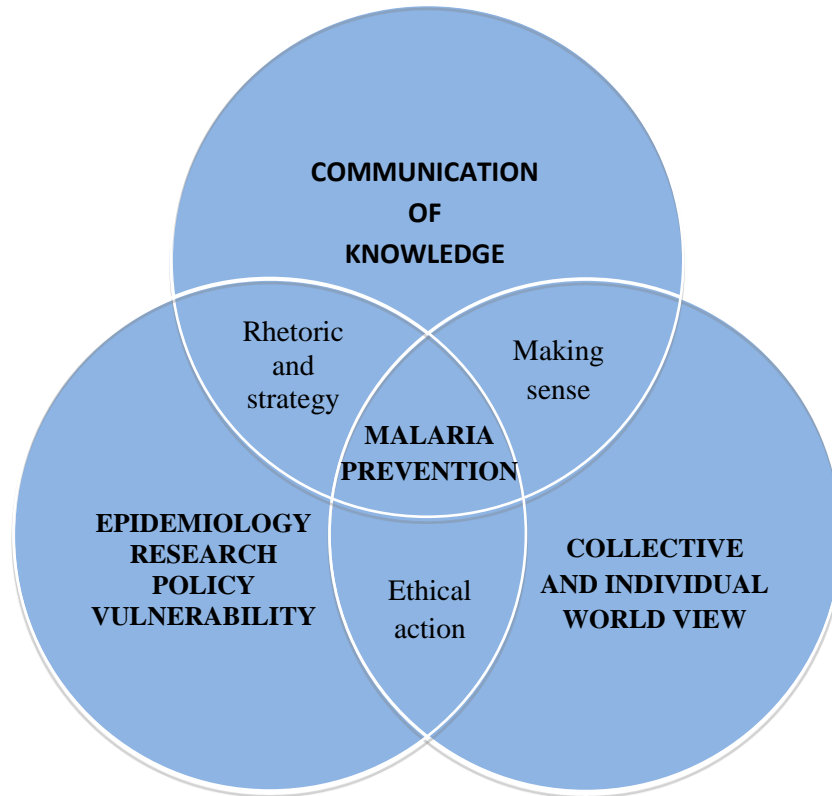
*My laughter is in the fire
of the eye of the sky, the fire
of the earth, the fire of the air,
the fire of the seas and the
river fishes animals trees....*

Gabriel Okara (1983)

Introduction

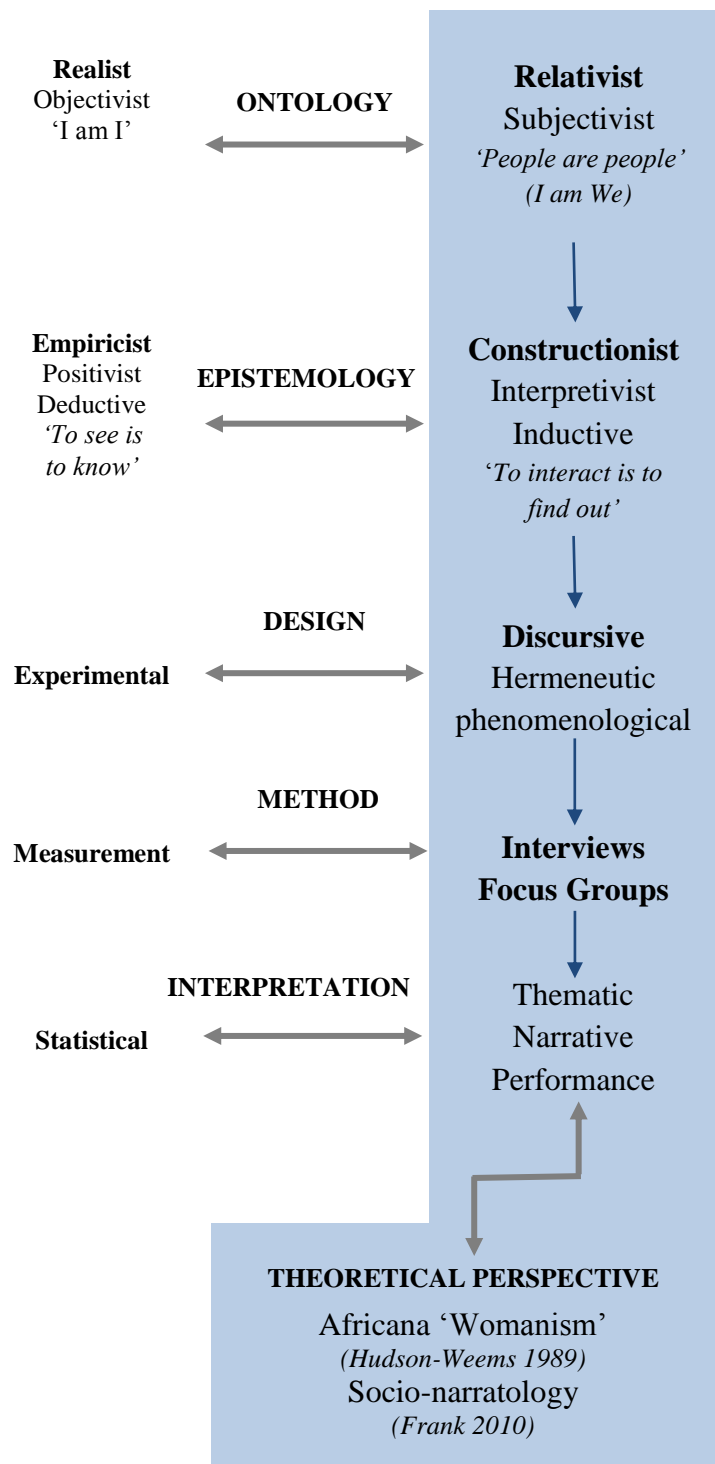
As the literature review demonstrates, quantitative empirical research has dominated malaria studies in Nigeria, and the emphasis has tended not to include local people as active participants in knowledge production, but as objects of investigation. In terms of communicating knowledge about malaria this has been largely at the level of rhetoric and the laying out of strategies, which are inadequately carried out, and the calls for action stay the same from year to year. Consequently the vulnerability of women and children remains high and a combination of politico-economic and socio-cultural factors have raised questions about ethical action in relation to malaria prevention. Now, in spite of some reservations regarding the value of more holistic approaches among researchers in the clinical sciences and health economics, there are increasing calls for a more participatory research approach to the understanding of health, illness, and disease in Nigeria (Abdullahi and Senecal *et al.*, 2012). These contested perspectives are summarised in Figure 4.1.

Figure 4.1:
Methodological influences



This study adopts a phenomenological hermeneutic approach, within an interpretative research paradigm. The phenomenological mirrors the essentialist concerns as the previously noted cosmological outlook of the Igbo. It also allows for the research questions to be actualized and thematically connected, accounts of living obtained, and collective accounts to be explored and interpreted dialogically in terms of Africana Womanist social theory (Hudson-Weems 1989) and the socio-narratology approach elaborated by Frank (2010) [Figure 4.2].

Figure 4.2: Summary of Methodology



Rationale for methodological approach

Several philosophical and theoretical perspectives are embedded in my rationale, most particularly:

- the work of Martin Heidegger - ‘being with’ malaria in the world
- the premise that, theoretically, ‘being’ with malaria encapsulates relativity, communication of knowledge, the collective as well as the individual worldview, the possibility of discursive Womanism.
- ‘being’ is historically relevant
- our narratives are those of our ancestors
- ‘being’ is performing stories of the past.

The poetic lines that open this chapter are those of the Nigerian poet and novelist Gabriel Okara. He is among the most famous West African writers working in the English language and he is thought to be one of the founders of modern African literature. In his poem ‘You laughed and laughed and laughed’ (1983) we see an example of laughter as an important trope in African writing. As Azuonye (2011) explains,

In Ijo and proximate languages such as Igbo, the heart is not only the seat of passion or feeling but of the moral sense or the conscience, hence of goodness and evil. The depth the heart’s sincerity is often observable in body language, especially in the eyes and the teeth. (page 4)

Azuonye emphasizes the necessity for outsiders to understand that the African sense of laughter is “an expression of being in the world” (page 11). Therefore in the poem Okara shows how the white man laughs his “ice-block laugh” at a world he knows nothing about and is scornful of the phenomenal reality of the natural world for African people. As my thinking and ideas developed I came to recognize two things. First, that there was a need to know more about what ‘being in the world’ was like for women and health workers living and working in poor rural communities and what this might mean in terms of generating and communicating malaria-related wisdom and knowledge. Second, I realized that not only was my own life and work experience entangled with the research, but that the journey had the potential to widen my understanding and appreciation of

my Igbo heritage and my emergent relationship to that world view. I drew from the foregoing chapters and thoughts to synthesise the rationale for my philosophical approach.

Phenomenology

Phenomenology is a philosophy that focuses on consciousness. It began with the work of Edmund Husserl in the early twentieth century. Husserl's transcendental phenomenology directs meaning back to where it originates (Van Manen, 2007) by trying to provide a direct description of experiences as 'essences' of experience from 'inside consciousness' rather than looking for causes or explanations for their existence (Husserl, 1900 cited in Lock and Strong, 2010). To achieve a clear description of essence Husserl introduced the method of epoché to set aside (bracket off) all historical, cultural and common-sense pre-suppositions (Zelic 2008). Once this was done the phenomenon (experience) could be examined and described and then related to other phenomena. Eventually, Husserl turned his thought away from individual consciousness and subjectivity towards inter-subjectivity and the 'life-world' (Lebenswelt). He suggested perceptual meaning in the life-world was generated by practical interests, activities, and communication with others (Zelic 2008).

It should be evident that the life-world may be quite different for different cultures. The world that a people experiences and comes to count on is deeply influenced by the ways they live and engage that world. (Abram 1996, page 41.)

Hermeneutic phenomenology

From this point I was drawn to the phenomenology of Martin Heidegger. For him the philosophical problem was driven by hermeneutical questions about intelligibility and meaning. In his project part-published as *Sein und Zeit* (Being and Time 1927) he sought to understand explain the 'being' of (human) beings, and what makes it possible for human beings to make sense of things in terms of their everyday concerns and goals.

Everything we talk about, everything we have in view, everything toward which we comport ourselves in any way, is being... (Heidegger 1962/1927)

Mulhall (2005 page 3) explains this as follows:

In everything that human beings do, they encounter a wide variety of objects, processes, events and other phenomena that go to make up the world around them. Taking a shower, walking the dog, reading a book: all involve engaging with particular things in particular situations, and in ways that presuppose a certain comprehension of their presence and nature.

This suggests that the ‘being’ part of human being-in-the-world (Da-sein) is ‘meaningfulness’ and things are not just understood by how they appear and are lived, but also as they are experienced contextually, temporally and historically (Kruger-Ross 2015); sense-making is the most basic thing that human ‘being’ is and does (Sheehan 2011). Heidegger imagined the ground for this being as a thrown-open clearing, a space for the phenomenon and its meaning to come together as we are thrown into the clearing and thrown open to the possibilities of meaning.

Dasein gets dragged along in thrownness; that is to say as something that has been thrown into the world, it loses itself in the ‘world’ in its being factual submission to that with which it is to concern itself. (Heidegger 1962/1927 page 400, original emphasis)

That by which this entity is essentially cleared – in other words, that which makes it both ‘open’ for itself and ‘bright’ for itself is what we have defined as “care” ... (Heidegger 1962/1927 pages 401-402, original emphasis)

Temporality

In relation to past, present and future, which he calls “ecstasies”, Heidegger says:

Temporalizing does not signify that ecstases come in a ‘succession’. The future is *not later* than having-been, and having-been is *not earlier* than the Present. Temporality temporalizes itself as a future which makes present, in the process of having been. (Heidegger 1962/1927 pages 401, original emphasis)

Figure 4.3:
An understanding of temporality
and being-in-the-world

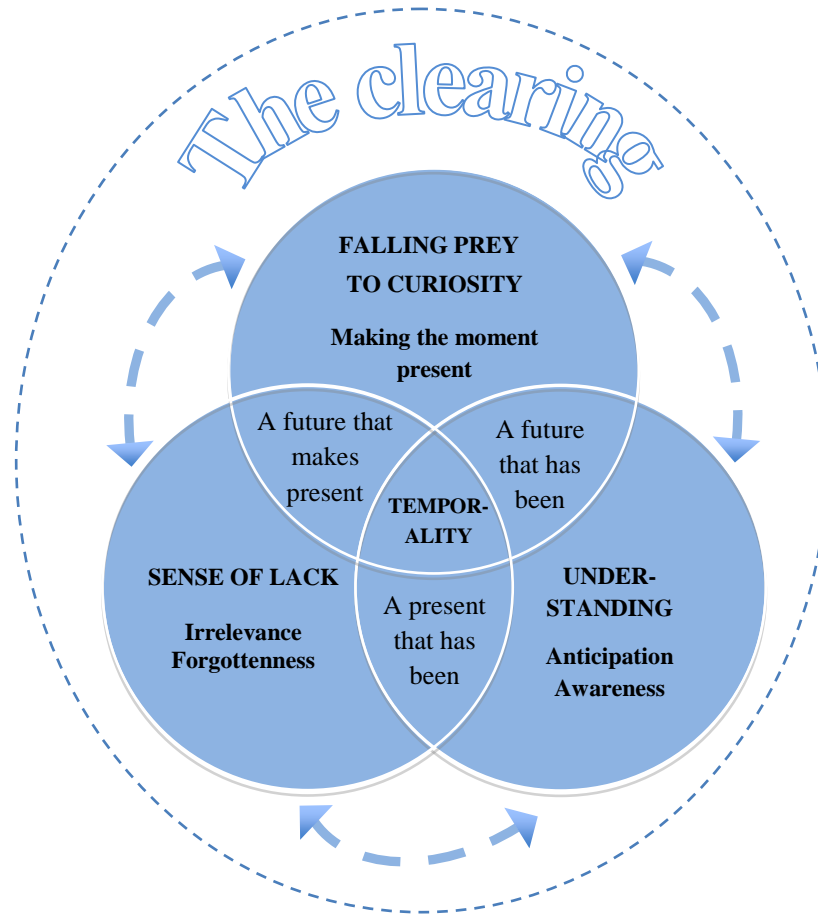


Figure 4.3 represents my understanding of what Heidegger means by temporality. In our search for meaning we are thrown into ‘the clearing’, which is a “vast and open space” caused by the dissolving of past, present and future (Abram 1996 page 209). **Falling prey to curiosity** (seeking meaning) in the present moment is linked to the anticipation of **understanding**. But once we understand, that link becomes a “*future that has been*” or what might be thought of as ‘a new present’. It follows that **understanding** must also be linked to a **sense of lack** (or “angst” as Heidegger calls it) by that ‘old present’ a “*present that has been*.” Finally, the inadequacy or irrelevance of ‘old understanding’ is linked to the curiosity of yet another ‘new present moment’ as a “*future that makes present*.” (pages 401, original emphasis).

Being-towards-death

Death is Dasein's *ownmost* possibility...Being towards this possibility...makes manifest that all Being-alongside the things with which we concern ourselves, and all Being-with-others will fail us when our ownmost potentiality for being is the issue. (Heidegger 1962/1927, pages 307 and 308, original emphasis)

Mulhall explains that we can only relate to death as an impending possibility and not as an actuality in the same way that the ready-to-hand things, and the others we care about can be actualized when we enter into relationship with them. Once death is actualized Dasein is impossible but, Heidegger seems to say that this is not to be considered to be a thing to make us despairing.

When by anticipation one becomes free *for* one's own death one is liberated from one's lostness...one can authentically understand and choose among the factual possibilities lying ahead of that possibility that is not to be outstripped. (page 308, original emphasis)

In Chapter 2 the Igbo world-view was described in which the spirits of ancestors are an influential presence in generating knowledge and guiding action in the present moment, so that there is not a linear sense of past, present and future. What is now cannot be understood separately from what has been or is to come. Later on in his work Heidegger talked about his first thoughts around temporality in terms of historicity (Mulhall 2005), and it is interesting that Chukwuelobe (2014) describes the Igbo as historical beings, "thrown into time when death marks (an) end and his destruction" (page 88). But, like Heidegger he does not think this causes fear or despair. From the Igbo perspective it is initiation to a new layer of existence. "We can even argue that Da-sein (man) does not die to the degree that it anchors in this time of origin," (Chukwuelobe 2014, page 88). The following extract from Nigerian poet Ben Okri's poem *Oh the Abstract Garden* seems to reflect Heidegger's 'clearing' and 'temporality of being-in-the-world' in the way it draws the present moment, times past and times to come into the "fire of living," (Heidegger's 'brightness'?) and urges a sense of openness to possibilities for being-in-the-world.

*O that abstract garden of being
Tells me to be brave, and clear,
In the fire of living,
And in the journey through the year...
Each day I will walk an interesting mile...
I will play again like a child...
I will be at ease with opposition,
And will cultivate intuition.
I will walk the surprising streets,
And dance to life's unexpected beats.
I will notice all the phases of the moon
And try not to act too late or too soon.*

(Ben Okri 2012, page 86)

Merleau-Ponty and embodiment

*You laughed at my song
you laughed at my walk
you laughed at my dance
you laughed at my inside*
(Gabriel Okara ibid.)

For the phenomenologist Maurice Merleau-Ponty the living body was the true subject of experience (Abram 1996).

For if it is true that I am conscious of my body through the world and if my body is the unperceived term at the centre of the world toward which every object turns its face, then it is true for the same reason that my body is the pivot of the world.
(Merleau-Ponty 2012/1945, page 84)

Heidegger's idea was that as beings experiencing being-in-the-world people seek to understand or find meaning in things they care about and are committed to. Ashworth (2015) links this to the idea of Merleau-Ponty's idea of 'projects' that can only be pursued through the living body.

The body is the vehicle for being in the world...having a body means being united with a definite milieu, merging with certain projects, and being perpetually engaged therein. (Merleau-Ponty 2012/1945, page 84)

However, because the living breathing body has no objective boundaries, because it can search for meaning through all its senses, it is not closed off by any artificial structures from communication with ‘the world’ in its widest sense. The body is the subject of awareness, which means we are conscious of the world through our bodies and can therefore enter into meaning-making relationship with all things, including nature and the elements. As Abram (1996) explains it, our breathing, sensing human bodies draw sustenance and substance from the earth, plants and elements that surround us. But also he explains that our sensing bodies contribute themselves to “the composting earth, to the nourishment of insects and oak trees, and squirrels, ceaselessly spreading out...as well as breathing the world in,” (page 46). So it becomes difficult to know where our living bodies begin or end. This idea of open and indeterminate boundaries between our sensing bodies and the sensing world around us is very in tune with Igbo ontology of the oneness of earthly and spiritual being.

The hermenutic circle

The thoughts described above supported my feeling that a hermeneutic phenomenological approach was appropriate to explore the experience of malaria contextually, temporally and historically among the women who took part in my study. But I was very conscious of my own position in relation to the research as described in Chapter 1. On one hand I could see myself as comfortable in a particular cultural reality as a taken-for-granted way of being, and on the other hand see my emerging identity as a research student having the potential to make me question aspects of my cultural identity, as well as that way of being per se. As a student of Heidegger, Hans-Georg Gadamer said that, “Being that can be understood is language” (Gadamer, 1976, page 31). He developed Heidegger’s idea that the language used to talk about things and their ‘being’ betrayed our prejudices or taken for granted assumptions about those things.

Gadamer called this taken-for-granted-ness our ‘horizon of understanding’ and suggested such prejudice should be embraced, shared, and re-examined as part of a hermeneutic circle of understanding. In this approach sense making is a shared activity between the people who tell of their contextualized experiences

and the listener, who joins with the narrator directly in conversation, and also indirectly through thoughtful ‘conversation’ with the written text. Therefore, it is legitimate for the listener to acknowledge her/his preconceptions and assumptions openly, and be critical about how they influence the many different ways in which someone else’s reflective account or story might be interpreted.

What is really supposed when we let something be said to us? Obviously the primary condition for this is that we do not know everything already and that what we think we know is capable of becoming questionable....when we speak to one another we do not so much as transmit well-defined facts, as place out own aspirations and knowledge into a broader and richer horizon through dialogue with the other. (Gadamer 1986, page 106)

This reciprocal process produces understanding about how the research participants make sense of their life-world experience, and in turn how the listener makes sense of their sense-making. This is called the ‘double hermeneutic’. So, the dotted arrows in Figure 4.3 may represent the to and fro of dialogue, and the dotted boundary of the clearing seen as a horizon capable of shifting as our understanding is enriched and widened.

Theoretical perspective

Denis (2014) describes the experience of labour and childbirth as being impacted on by multiple physiological, psychological and social factors. Connecting labour and malaria experiences, the two stories equally represent women’s distinctive distresses.

As midwifery researchers, we need a theoretical underpinning that can accommodate this complexity and prompt us to examine phenomena more holistically, researching it from multiple perspectives. (Denis 2014, page e2)

Hermeneutic phenomenology tries to reveal the world as experienced by people through their life-world stories, and the meanings these experiences have for them (Kathryn et al 2013, Kafle 2011). Ontologically, it sits with the belief that realities are multiple; people experience realities differently depending on their position. Epistemologically, knowledge making is grounded in experience and

in shared subjectivities dependent on each individual's own perception of a particular phenomenon or way of being in the world. Therefore, meanings develop through dialogue and as such are socially constructed and can be recreated over and over through social interaction. Munhall (2005) describes Heidegger's view of the world as, "a web of socially or culturally constituted assignments."

Growing up in or otherwise coming to inhabit a specific culture involves acquiring a practical grasp of the widely ramifying web of concepts, roles, functions, and functional relations within which that culture's inhabitants interact with objects in their environment. (Mulhall 2005, page51)

In some ways, given this entanglement of culture with social context, and what might seem to be gendered concerns about the effectiveness of malaria prevention it might have seemed an obvious thing to frame this research theoretically in terms of a feminist perspective. After all, feminist philosophy has been argued by some scholars as being a women-centred perspective, founded on three basic principles which are; an appreciation of women and their experiences, ideas and needs; an awareness of the conditions that oppress women; and an appeal for social change by means of critique and political action (Rodgers, 2005). Since its early beginnings feminism has evolved in various directions (Campbell and Wasco 2000). And most recently feminist postmodernism celebrates women's diversity. It sees that the world is composed of texts or stories, some of which maintain domination and inequality (Evan, 1995). Researchers using this approach are interested in the "many stories that different women tell about the different knowledge they have." (Harding 1987, page 188). The key emphasis of such work is on what people mean by the terms they use to describe their lives. What are the commonalties and differences in the way people make sense of their lived experiences (Campbell and Wasco 2000)?

In Alice Walker's (1983) novel *The Color Purple*, an African-American woman called Nettie, visits Africa for the first time and is amazed by the experience of finding herself among the majority in the population:

We are not White. We are not Europeans. We are black like the

Feminism as it is commonly thought about has associations that do not sit well with African societies. Hill Collins (1996) suggests this is because it is stereotyped as hatred of men, promotion of lesbianism and rejection of motherhood. Also, even those who feel favourable towards feminism resent the fact that it favours only white feminists (women) in Europe and North America. Theories such as Black feminism (Hooks 1982) and African feminism (Boyce Davies 1994) have been criticised for appearing to simply attach mainstream feminism to an African identity and for not being sufficiently grounded in African culture, or the racialised experiences and struggles of African women

For the majority of black women racism has been the most important obstacle in the acquisition of the basic needs for survival. Through the manipulation of racism the world economic institutions have produced a situation which negatively affects black people, particularly black women...What we have...is not a simple issue of sex or class differences but a situation which, because of the racial factor is caste-like in character on both a national and global scale (Steady 1986, pages 18-19).

In some opinions, Black and African feminisms suggest an alignment with a world-view that was always alien to the plight of African women (Steady 1981). Even Black feminists have seen themselves marginalised or relegated as 'the voice of African women' by White feminists (hooks 1984).

Africana Womanism

In her ground-breaking work Hudson-Weems (1993) emphasised the necessity for finding a term other than 'feminism', which in her opinion, was coined by White women for an agenda that addressed their specific priorities. She wanted a new, more explicit term that identified an ideology separate from White feminism, Black feminism and African feminism.

I decided that "*Africana Womanism*" ...was the ideal

terminology for two basic reasons...Africana identifies the ethnicity of the woman being considered, and this reference...establishing her cultural identity, relates directly to her ancestry and land base – Africa. The second part of the term *Womanism* recalls Sojourner Truth’s powerful impromptu speech, “And Ain’t I [a] Woman...” in which she battles with the dominant alienating forces in her life as an Africana woman questioning the accepted idea of womanhood.” (Hudson-Weems 1993, pages 22-23, original emphasis)

Hudson-Weems (1993) describes eighteen key characteristics of the Africana Womanist (Table 4.1).

Table 4.1
The Africana Womanist is:

- | | |
|---|---------------------------|
| 1. A self-namer | 9. A flexible role player |
| 2. A self-definer | 10. Respected |
| 3. Family-centred | 11. Recognized |
| 4. Genuine in sisterhood | 12. Spiritual |
| 5. Strong | 13. Male-compatible |
| 6. In concert with the
Africana man in
struggle | 14. Respectful of elders |
| 7. Whole | 15. Adaptable |
| 8. Authentic | 16. Ambitious |
| | 17. Mothering |
| | 18. Nurturing |

This was appealing to me because it embraces the inclusion of multiple being-in-the-world to contribute to upholding the integrity of the culture without subjugating others. Women are self-empowered and seek to negotiate their positions alongside men from an insider position that challenges racism rather than as gendered outsiders posing a threat to men. However, Africana Womanism also has critics who suggest it is not as grounded in Africana culture as it claims to be, and is not an ideology as such, but a collection of desired characteristics that hark back to the particular experience of United States enslavement, and not to the experience of colonization (Blay 2008). It is also suggested that it falls into the same trap of homogenizing Africana culture, when in fact there are over 300 African cultures and Igbo is one of these cultures. I am an Africana Igbo woman, a wife, and a mother, in a foreign land, struggling to be empowered through educational space. I wanted to value all the participants’

experiences, value my insider position, as well as understand and value their views, beliefs, opinion, their life-world, and perspectives. I also felt a need to shift my horizon of understanding in relation to my own African ancestral origin, and culture. So, I ultimately felt comfortable with Africana Womanism's as the most appropriate theoretical perspective for this study (Figure 4.3), because of its ethos of embracing struggle at the levels of a person's own community as well as the individual self, based on culturally important aspects of difference. At the same time its spiritual dimension was very appealing.

Narrative

(Language) presents, or rather it *is*, the subject's taking up of a position in the world of his significations... for the speaking subject and for those who listen to him, the phonetic gesture produces a certain structuring of experience, a certain modulation of existence, just as a behaviour of my body invests – for me and others – the objects that surround me with a certain signification. (Merleau-Ponty 2012/1945, page 199 original emphasis)

As a way of thinking, the narrative mode is a way to understand the world of subjects, and their personal 'possible worlds' (Bruner 1986) through the construction of stories that make experience meaningful. Therefore, the stories people tell of their experiences offer a point of entry to understand the life world through first person oral accounts (Aspers 2004) and the researcher's use of a hermeneutic circle of reading, reflective writing and interpretation enrich the process. Frank (2010) argues that stories can bring people together but that they can also keep them apart, and he acknowledges Heidegger by describing people as "being thrown into (stories) by some force beyond themselves" (page 29). African culture is an oral story telling culture with powerful messages that can communicate domineering and challenging messages about social structures and cultural practices.

"Storytellers are a threat. They threaten all champions of control, they frighten usurpers of the right-to-freedom of the human spirit - in state, in church or mosque, in party congress, in the university or wherever." (Chinua Achebe 1987, page 153)

In relation to methodology Frank (2010 page 73) says he prefers to speak of "...a 'practice of criticism' rather than a method, because the word *criticism* bridges...*critical theory* (and) literary criticism," (original emphasis). He suggests that such critical thought helps people understand how ordinary people are expert about their own lives, but can still look at ways in which the individual or group (including researchers) may lack self-awareness or take things for granted. In summary,

...hermeneutic phenomenology always seeks to open up a middle space of rich engagement between the research object and the researcher. Metaphors like play and conversation are used...to describe this middle space. Dialogue partners get lost in the conversation's subject matter in authentic conversation and it is this 'getting lost in the subject matter' that leads to genuine understanding and interpretation. (Sharkey 2001 page 1)

The second section of this chapter gives details of the research design and procedures.

Research design (Figure 4.2)

Finding my theoretical way formed the basis upon which my research design rested. In response to calls for more holistic and participatory studies, the focus of the research was on women's subjective accounts of their experiences of using ITNs within rural communities in Enugu State. I was particularly interested in hearing what women and health workers had to say about their life-world and sense making in relation to malaria prevention. At the same time my exploration of the literature had raised questions for me about my own historicity and evolving world-view as an African woman, mother, health professional and researcher. I made the decision to use semi-structured individual interviews and focus groups as the method for gathering information for three reasons;

- a loosely structured topic guide would allow scope for participants' subjectivity to reveal itself;
- it was important to adopt a research design that would allow my critical reflexivity to enter into the process;
- the nature of the data would allow flexibility in terms of an interpretative strategy.

Ethical considerations

With the assistance of a key local gatekeeper namely, the Principal of the School of Midwifery, Bishop Shanahan Hospital Nsukka, Nigeria, I was able to meet with the Head of Public Health Department of the Ministry of Health, Enugu State (Appendix 2). The discussion I had with him resulted in a submission of my research proposal and request letter for ethical approval. The approval to commence the study was granted in June 2013 (Appendix 3). I obtained the final approval before commencing the study from the Ethics Committee of the Faculty of Education, Health and Wellbeing, University of Wolverhampton, United Kingdom.

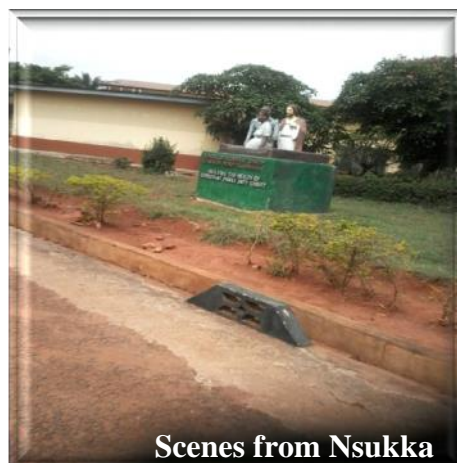
Geographical location of the research



Enugu State
Eastern Nigeria

I considered two main regions to locate this study; Northern Nigeria, where I reside with my family, and Eastern Nigeria where I was brought up. However, insurgency and civil unrest especially in the northern part of Nigeria ruled out that region completely. I selected Enugu State in Eastern Nigeria to carry out this study because the region remained relatively peaceful. It was also the source of my personal experiences on maternal and infant mortality as a result of a malaria attack. As discussed in earlier chapters, I had concerns about my insider position relative to this research, because researchers engaged in research within their own community may not see the ‘taken for granted’ that only an outsider can view through an unbiased lens (Corbin Dwyer, 2009). However, I was determined not to fall into this trap by careful selection of locations and critical questioning at each stage of the process. Through the local gatekeeper already mentioned, I was able to make contact with the Ministry of Health in Enugu State, which has 17 Local Government Areas (LGA) within three senatorial Zones: Nsukka, Udi, and Enugu South. I had a closed-door discussion with health personnel at the Department of Rollback Malaria in the Ministry of Health, to decide on a selection strategy to ensure equal representations of each Zone. We agreed on using a balloting system. The selection was done by putting the names of the local government areas in each of the three zones into a ballot box. The gatekeeper was asked to pick one blind from each box. She picked Nsukka, Udi and Enugu South from the boxes respectively. The three areas selected by this process were Nsukka, Ngwo, and Amechi.

Nsukka is both a town and Local Government Area in the South-East Enugu State. It has an estimated population of 1,337,001 people as of 2007 Census Report. The population is mainly of Igbo ethnicity. Just like other zones in Enugu State, Nsukka is a tropical rain forest zone with a derived savannah. The climatic condition is humid which is at its highest between March and November. Towns sharing a border with Nsukka include Edem Ani, Ibagwa Ani, Opi, Orba, Ede-Oballa and Obimo. The town is the site of the first indigenous Nigerian University; University of Nsukka.



The town has several primary healthcare hospitals including Bishop Shanahan Hospital, a Catholic-owned hospital serving every member of the public. It is also a teaching hospital with a missionary orientation, housing a college of nursing and midwifery. The hospital sees patients with both complicated and uncomplicated conditions that are referred from the town and other neighboring villages.

Ngwo is located in the south-eastern part of Enugu State with a population of over 50,000 people. It is the only town in Nigeria that is in two LGAs namely; Udi and Enugu North. It is made up ten communities with its population mainly of Igbo ethnicity. The town is situated on the hilltop in a tropical rain forest zone with a derived savannah. The climatic condition is humid which is at his highest between March and November. The town is bounded on the north by Abor, to the south by Nsude, to the east by Nike and to the west by Eke. The town has three primary healthcare hospitals and other private hospitals which serve the community. Ngwo Primary Health Centre is serviced mainly by ‘Youth Corpers’ (Nigerian Youth Service Corps) Doctors, Nurses and Community Health Extension Workers (CHEW). There is a good referral service. They handle mainly uncomplicated cases such as normal delivery, immunization, and treatment of minor injuries. Most complicated cases are referred to the specialist hospitals including Unity Hospital situated in Ngwo community. Unity Hospital

is a privately owned specialist hospital with several wards and a surgical theatre with staff strength of thirty-two. Both complicated and uncomplicated cases come into this hospital for treatment including complicated malaria cases.



Amechi Community

This is one of the six villages in Ozara, a prominent town in the Nkanu West Local Government of Enugu State. The population of the town is approximately 20,000 people. Ozara is a tropical rain forest area with a derived savannah. The climatic condition is humid which is at its highest between March and November. Amechi has only one Primary Healthcare Center that serves the community.



Participant recruitment process

A homogenous approach was taken because the intention was to focus on a particular group of people with a similar problem. Participants for the study were recruited through a combination of convenience and snowball sampling. In the first instance, Bishop Shanahan Hospital in Nsukka, and Unity Hospital in Ngwo were chosen as sites for convenience sampling because they were the two main hospitals having antenatal clinics where mothers and health workers could be approached. However, talking to women at the hospitals also created interest outside in the community. As a result snowball sampling through local word of mouth was used to recruit participants in Amechi community who had children but were not attending the antenatal clinics. This was helpful in widening the perspective beyond issues solely related to pregnancy. All the participants could communicate in a local version of English. However, language was not an exclusion factor, because I speak Igbo myself.

Bishop Shanahan Hospital, Nsukka

I had to travel from Zaria Kaduna, where I live with my immediate family, to Nsukka, Enugu my research area. It was 5.45am, on the 11th March, the sky was cloudy as if the rain would fall any moment. I took off for the research journey to Enugu State without taking cognizance of the threat. There was no direct transportation from Zaria to Enugu. I stopped over at Abuja for Enugu direct transport. On my way to Abuja, midway between Kaduna and Abuja road there was a rainstorm, which caused a traffic jam on the motorway. After about 45 minutes' drive, the rain stopped followed by sun, and on getting to Abuja, the weather became too warm, and there was no air conditioning in the bus. It was really a hectic eleven hour journey on the road that usually takes 7 hours by car. The delay was as a result of rain, bus transfer, numerous police checkpoints, and roadblocks on the way for security issues.

I made a visit to the hospital the next day, 12th March 2014. The initial point of contact was the identified gatekeepers' office. Pleasantries were exchanged and an introductory letter signed by the supervisors of the study was given to her as well as a research information sheet. The Hospital Matron, and Nursing Sister in

charge of the maternity section were informed of my arrival. The Matron welcomed us reasonably and pleasantries were exchanged. After an introduction and discussion of the research aims, she volunteered to take part in the study in the capacity of health worker. Four other health workers working in her office during our interaction indicated interest to participate as well. The intended participants received the letter of participation and the information sheet. The matron and other health workers collected extra copies of the information sheet to be distributed to their colleagues. Six others indicated interest to participate making up to a total of 11 health workers. A meeting day for the group discussion was arranged.

The next visiting place was the antenatal section. On our arrival, the gatekeeper introduced me to the sister in charge of the antenatal section. I made a presentation about my research to the women waiting in the clinic. The majority of women indicated an interest to participate in the research. Eight mothers were selected purposively with the assistance of the sister in charge following the laid down criteria. Mothers not selected were told that their information may be needed in the future. Letters of invitation and information sheets were given to the intended participants. Some of them signed their consent forms and returned them immediately after antenatal clinic while some returned later. Arrangements for individual interviews and group discussion were arranged after antenatal clinic as well.

Unity Hospital, Ngwo

The Medical Director of Unity Hospital is a family doctor. I called him and introduced the research and its aims. The antenatal day was chosen as an opportunity to meet a good number of mothers and pregnant women. I arrived around 8:00 am on the arranged day to find a prayer service was going on. I learned that this was purposefully organized for the pregnant women to reduce maternal mortality rate in Enugu State. However, after waiting for about 5 hours, the medical director with the matron-in-charge of the maternity section introduced me to the mothers. I shared with mothers the purpose of my visit and presented my research poster as a visual aid to understanding. Seven women indicated interest to participate in the research. Letters of invitation and

information sheets were issued to them. Locations for individual interview and group discussion meeting were arranged immediately. Each participant signed a consent form.

Amechi Community

On my visit to Enugu community, I discussed the research aim with my sister's friend who happened to be on a visit from Amechi community. She indicated interest to participate in the research and voluntarily, suggested talking to other women in Amechi who would likely show interest to participate. Seven women from Amechi indicated interest and subsequently information sheets were given and their consent to participate obtained.

I carried out six 'practice' interviews to enhance my skills and confidence as an interviewer. In total, twenty individual interviews with mothers, three focus group discussions with mothers, and two with health workers were arranged across the three research sites.

Data management and protection

A list of all those participating in the study was stored on the secured, password protected drive of my computer in the Centre for Health and Social Care Improvement at the University of Wolverhampton. This was retained solely for audit purposes or in the case of a complaint by a participant. Completed, signed consent forms were kept in a locked cabinet in my office. Each participant was assigned an identifying number, which was used for all other research records. A separate password protected file was kept on my computer detailing participants' names and their identifying numbers. This was the only link between participants' names and their identifying numbers (see information sheet Appendix 4).

The information sheet given explicitly explained the purpose and aims of the research, detail of the activity (interview) and the time commitment required and assured anonymity through the use of identifying numbers. The information sheet and consent form specifically indicated that interviews would be digitally audio-recorded. Participants were identified by their identifying number at the start of these recordings, along with the date of the interview. I transcribed all the

interviews personally, and discussed the transcripts alongside the recordings with my supervisory team, who verified that the transcriptions were a true reflection of the digital recordings. After this was agreed the audio files were deleted. All other information collected during the study was anonymised as described. Direct quotations used in the written report and associated presentations to support data interpretation were similarly anonymised. All phases of data interpretation as they emerged were stored on the designated password protected computers used by the research team within the Centre for Health and Social Care Improvement, University of Wolverhampton.

Data collection process

Data collection in the field occurred in two phases. The first phase took place over fifteen days in February 2014. After this was complete I then returned to England and the interviews gathered during this first phase were transcribed and analysed (see Chapter 5). I returned to Nigeria for a second data collection field trip in January 2015. This second phase was used to generate new insights through further discussion with participants, based on my initial thematic analysis, and to extend the interpretation of my findings to the next level (see Chapter 6). An interview guide is the initial outline of questions or topics to be covered during conversation prepared by the researcher (Mason, 2004). As explained by Patton (2002) any questions should be open-ended, unbiased, flexible and unambiguous. The initial questions formed in advance were not many. I considered what the interview guide should try to avoid being too intrusive, and to be loose enough to allow the participants to speak freely. It covered demographic information, knowledge, experience, behaviour and feelings as well as subjective opinion. The possession, use of ITNs and locally available malaria preventive measures were among the issues covered (Appendix 5).

Individual interviews

All the interviews were conducted in the English language. All participants responded their questions in English although I recruited an interpreter for backup in case any mother decided to give her information or tell her story using

the local language. Most of the interviews were held in the participants' family houses while some were done in the agreed locations. For instance, women in Ngwo requested that they preferred to be interviewed in the hospital premises. Initially, I passed judgement that maybe this was because they saw me as a stranger. I further explored to find out why they preferred the hospital instead of the comfort of their homes. The study was conducted during the most challenging period in Nigeria. Insurgency in the country apparently resulting from Islamic group called Boko Haram (meaning against Western Education) and the abduction of Chibok secondary school girls in Borno, Nigeria by the sect. So many people were so cautious of receiving people in their homes. However, regardless of this alert, the majority of the participants were quite at ease during and after the interview process. Some of them showed signs of unease evidenced by fixing the interview somewhere rather than their homes and even declined to exchange addresses. One of the participants who preferred to be interviewed in the hospital rather than her house, when asked the reason she chuckled and said, "Well, I don't trust people anymore, my brother and his family were killed in the north. So I don't trust people again...again. Nigeria is terrible. I feel like living in abroad like you". The issue of trust and insurgency in Nigeria could not be ignored during the whole of the study. A room was assigned for the interviews by the hospital matron. All the interviews took place in as much privacy as possible and participants were reassured of confidentiality of the data. None of the individual interviews lasted more than hour and audio recordings were made using a digital voice recorder.

Focus group discussions

Focus group discussion is a method that focuses on a specific topic of interest and brings people together a small homogenous group to generate shared insights (Boeijs, 2010). The main purpose is to stimulate participants through the social dynamics of the group to reveal underlying opinions, feelings, attitude and reasons for their behaviour. The focus groups discussions were conducted in English but a few of the participants gave their stories in their native Igbo language, with one of them moderating while the identified interpreter translated to the English language at the end of the discussion. The audio recording was made of each group discussion. The focus group discussion with mothers and

Health Workers in Nsukka was held in a classroom at the School of Midwifery, Bishop Shanahan hospital. The mothers' group and the health workers' group in Ngwo were held at the Unity Hospital Ngwo. The Amechi focus group was held in a compound of one of the mothers of that community. I went through the pre-information and reiterated the research aim and all that the research entailed at the start of each interview and focus group to the participants. It was made clear that their involvement was voluntary and they could decide to withdraw at any time, and that this would not affect their antenatal or any medical services at all. The consent form was read and explained to those who did not understand properly. Informed consent was given by each participant in writing, using their initial, full name and signature.

Data transcription

Transcription was an ongoing process throughout the data collection period. I checked all the transcribed data against the audio recording for accuracy before destroying the voice recording. The risk of misinterpretation during each transcription could not be avoided but I applied a number of strategies to curb this. In the translation of Igbo language to English language, I planned the translation process in advance for each focus group discussion. The interpretation was made at the end of each focus group discussion. The interpreter and I sat in a quiet corner to play the audio recording and translate together. The interpreter and the observer made notes during each interview and focus group and these notes were compiled together and emerging themes from these incorporated into the interpretation.

Data Analysis/Interpretation

A three-phase approach to data interpretation was adopted. Each one cast a different gaze on the data and together they created a rich description of the women's malaria experience. In Phase 1 I used Braun and Clarke's (2006) six-stage protocol for thematic analysis of individual interviews and each focus group discussion as a framework for identifying what seemed to be salient issues of concern for the women and for the health workers. I used this approach

because of its theoretical flexibility. It is compatible with my phenomenological perspective, and also allowed meanings and prior assumptions to be considered, in relation to how the malaria experience was constructed and given meaning through social relations and social, cultural and gendered context. An alternative approach considered was interpretive phenomenological analysis (IPA). Four to ten individual participants are usually recommended for IPA to allow for deep contextual reading of ideographic accounts of experience (Brocki and Wheldon 2006). However, many women and health workers were interested to contribute their experience and I wanted to be as inclusive as I could. It was also important that what I took back to the participants on follow-up visits showed that I had been listening to them all and not an apparently privileged few.

In Phase 2 I used Frank's (2010) dialogical narrative analysis to focus on stories embedded in the transcripts. Socio-narratology as proposed by Frank (2010) is not so concerned with what stories reveal about the mind of the storyteller but is more interested in seeing the story as a living actor to help understand how life becomes social in terms of their location, how seriously they are taken, and how they are exchanged as tokens of membership within communities. In this phase the stories functioned as actors in the analysis.

In Phase 3 I crafted an extended 'found poem' based on the collated data set, using the technique of poetic retelling or (re)presentation as described by Butler-Kisber (2002). This phase drew on key features of African oral tradition namely, the context of production, the audience, the language, and the structure or form of the art. This phase of the analysis was performed and recorded on DVD, which is included in Appendix 11. In the end, I was satisfied that the combination of interpretive tools I used was able to draw together the commonalities and shared understanding of the 'small' malaria experience, as well as the differences, in a way that could speak to and for the participants themselves, as well as to a wider audience.

Trustworthiness

This is the researchers' demonstration of the plausibility of the account with a critical and honest display of extracts from the data (Cousin, 2009). Morris (2006) emphasises that there is the tendency for some researchers to report their findings without supportive quotations from their participants' views. Non-reporting on the account of participants may pose a threat to the trustworthiness of the study (Morris, 2006). The confidence level of the readers might be affected, as they need to be convinced of the relationship between the interpretation presented and the claims made for it. I considered the need to ensure a range of informed contributions from individuals and groups of people who could relate to a common experience. An interpreter was available to allow women to express themselves in the language of their choice. I explored particular issues as extensively as I could within the scope and constraints of the research and the needs and availability of the participants themselves. Each focus group had a moderator other than myself. I worked through my ongoing interpretations with my supervisory team, and shared my thoughts and interpretations with the participants themselves on successive occasions. I also presented each stage of my analysis at successive international nursing research conferences, which helped to guide my thoughts (Appendices 6, 9 and 12). Finally, I kept a reflexive diary in which I made memos and wrote reflective vignettes to capture my thoughts about particular moments and individuals.

Summary

Chapters 5-7 will present the interpretations of the accounts and stories narrated by the women of this research as well as my own self-reflective accounts. The interpretations offered draw on and expand upon the philosophical and theoretical ideas described above.



FIELDWORK REFLECTIONS



“A hero ventures forth from the world of common day into a region of supernatural wonder: fabulous forces are there encountered and a decisive victory is won: the hero comes from this mysterious adventure with the power to bestow boons on his fellow man.” (Joseph Campbell 1949, 1973)

My field trip was one of my historical events, a dream comes true. Being a historian is a joyous thing. I am not a history student but my field trip has been a history in my lifetime. It is good to make a history that could bring change in the society or at least change a perspective.

One week before I left for Nigeria, people who were aware of the insurgency there would say, “Hey! How are you going to collect your data? Won’t you relocate your family to the UK or somewhere else? Won’t you change your research approach and method? Must you carry out this research in Nigeria?” It was a devastating and abysmal period for me but I must go. I love my country Nigeria and must contribute to her growth and stability, try to influence policies that will change the position and life of women in Nigeria. The late Nelson Mandela once said, “Education is the most powerful weapon which you can use to change the world.” If girls’ education is being fought for on a daily basis by our parents, in the face of the alleged abduction of over 200 Chibok girls from their school, then this weapon to change the world is jeopardized. I must say that the world will not be complete without an educated female child. What happens to our doctors, future presidents, engineers, nurses etc?

Steinbeck gets it just right, many of my most memorable travel experiences occur where the planned elements of the trip succumb to unexpected fleeting moments, that I’ve experienced something surprising and new, changed in some way. I was once involved in an artist exchange to Calcutta, India, just being on the streets was exhilarating. A night trip to a framers house, via labyrinthine passages in the dimly lit heat of the city, sticks in my memory more than seeing the Taj Mahal. I suppose it will be good to keep it in mind this week when eventually no more planning can be done.

These were some of thoughts going on in my mind as I prepared for this trip. I should mention the vital three;

- Buying gifts for my immediate family and neighbours to put smiles on their faces.
- Travel sickness.
- Insurgency in Nigeria - Boko Haram terrorists group against western culture and female education.

On the night before I was to travel, luggage and travelling documents were set in a corner of my one room shared apartment. I had a sleepless night as I kept experiencing erratic thoughts. Insurgency issue in Nigeria and constant bombing in the northern part heightened my worry. My immediate family stays in the north and it was really a horrible situation. Imagine coming back with the story that bombers have killed everybody and all are gone just like that, or that your loved ones were anxiously waiting for your arrival and you were lost on the way and gone forever because of a Boko Haram attack.

17th February 2014

At 11:30am, I took a cab to Wolverhampton bus station to board a National Express coach to London Heathrow airport. Our coach left Wolverhampton at 12:30pm. It was a smooth journey and I got to the airport at 5.45pm. One of my house-mates assisted me to the airport to help out with my luggage as I was carrying an extra bag. Ambrose is a male student and kind hearted, from middle belt, Nigeria. He was new to the United Kingdom environment and wanted to go on adventure as well. After checking in my luggage, Ambrose left to catch the last coach back to Wolverhampton. We waved to say goodbye and that was it, off he goes and I wait for departure time of 22:40 pm. I shopped again for chocolate at the airport. I already knew that the first thing my children would ask for was their London chocolate. I flew to Nigeria with British Airways. The cabin crews were wonderful and hospitable. The meals were delicious and I never missed any of the servings because I knew I was protected, no travel sickness thanks to StugeronTM 15 cinnarizine.

18th February 2014

At 6:15am, the pilot announced our landing. I smiled, “Home again to my dear country Nigeria, I missed you!”

8th March 2014

I left my family in Zaria to go to Enugu to start my fieldwork. I had come from the North, where Abubakar Shekau the leader of the Islamic sect in Nigeria called Boko Haram, its affiliates and imitators were busy bombing, burning, shooting up police stations, bus stations, churches, mosques, homes, schools, carrying out abductions, rapes, kidnapping and breaking banks. The latest was the abduction of Chibok school girls, which attracted global attention. This led to an organized protest led by Obiageli Ezekwesili who is the strategic team leader of #BringBackOurGirls campaign group. Tensions increased with constant pressures from family members to relocate to Southeast, Nigeria. There were many speculations that Boko Haram was a political Islamic Agenda to Islamize Nigeria and to make the People’s Democratic Party (PDP) led President Goodluck Jonathan’s administration ungovernable.

That was the situation of Nigeria during my fieldwork. I was vulnerable as an outsider even though I was an insider. I was aware of the risk involved as a lone researcher. I had already written a detailed risk assessment and submitted as part of ethical consideration, such risk as abduction, kidnapping, rapes, and all associated violent behaviours. Even though I was prepared for the potential risks I was to encounter, the manner in which they might occur differed in time and space. Boko Haram might not be visible in the Southeast, but the people still suffered from the incessant menace of armed robbery, witchcrafts, false religious prophets and kidnapping. I could only hope and pray for safe passage.

12th March 2014

On the day of my first visit, I had arranged with the gate-keeper on the location and time to meet with the women. I remembered Nnamdi's advice to me to package gifts for these women because they may not listen to me. I was concerned that in my present experience people would not expect such. This merely made him hiss and node his head sarcastically. Listen to me, Ann, he said. "This country and other developing nations are plagued with corruption and political instability where most people cannot give support to others without gift of any form. So package some gift as you are going and don't put yourself in a tight space. These women know where you are coming from and would definitely use this opportunity to exploit you."

"But why?" I said.

"You are acting as if you are a complete stranger. This is how it's done here, so welcome back". No doubt his opinion was reasonable, he made a good point but there are other options if I may say. At least I know one that might work, fingers crossed!

12:25 pm

It was a hot afternoon, when I say hot, about 36 degrees centigrade. We got into her office and I sat down wiping my face with a brown patchy white handkerchief to keep dry from sweat flowing through my head down to my neck like The River Niger. Although it was not my first time of experiencing such warm weather, I needed to adjust after a long time of being away from the environment. No electricity, I could hear noise from the generating plant, I was still sweating but the fan was blowing hot wind instead. Surprisingly I was welcomed with an overwhelming, amazing reception different from Nnamdi's advice. Cold soft drinks and two packets of digestive biscuits were presented to me to assuage my thirst.

As I walked into the clinic that morning, I was bewildered with the distressing sight of the women waiting to be attended to by the midwives. My heart skipped in fright and I

breathed deeply to control my anxiety. I can't even explain why I felt that way, but it was obvious that the women were filled with so much misery for their immediate environment of no electricity, no comfortable sitting place, increase poverty and their pregnancy space. A thought came into my mind right there: "What a world of women, pregnancy today, child birth tomorrow, husband's subjugation and all that. It was only then that it occurred to me that it was all about my assumption. But I am part of this world, why am I different? Has something gone wrong with me? No, in this world, things need to be understood as they are experienced not as how they appear.

Maybe I had such thoughts going on because of my childhood experience of what it takes to be a woman, and my presumptions of the meaning structure that has positioned women under subjugation within their environment. But come to think of it, Eastern Nigerian women are known to be industrious, goal getters and ascribed as 'women of noble character'. And perhaps the new world I have come to know may be in a different way, is also constructed on a patriarchal order. My limited understanding of this world has thrown me into the clearing of seeking. These thoughts were so strong that they silenced my awareness of other people around me. Then when the Matron said, "Our sister will now talk to you about her research", I was disconcerted and stammering in my response. But I swiftly refocused on the subject of the day, my confidence returned and I was ready for the day's business. The questions were flowing like rivers of water and I was careful in responding to all their questions, reassuring them that I would come back with the outcomes of the project when it was completed. The time was ticking fast and they need to attend to their antenatal appointments. We exchanged addresses, dates and times of the personal and group discussion sessions.

"See you soon," I said.

CHAPTER 5

FINDINGS 1:

“...ALL HANDS SHOULD BE ON THE DECK.”

"...AKA NILE KWESI RI IDI NA OCHE. "

Once a novel gets going and I know it is viable, I don't then worry about plot or themes. These things will come in almost automatically because the characters are now pulling the story. Chinua Achebe

Introduction

As described in Chapter 4 interpreting what the participants had to say in the interviews and focus groups was a three-stage process. At the start I was worried about starting the process and being able to see the wood for the trees in a large collection of information provided by the women of the villages I visited. But I had to get the “novel” going and find my way in. Therefore this chapter focuses on **thematic analysis** and how it informed my first two research questions namely,

1. What is it like for women (pregnant women and mothers) in rural Eastern Nigeria to live with the reality of the threat of malaria?
2. What is it like for health workers (midwives and nurses) who support women in rural Eastern Nigeria to live with the reality of the threat of malaria?

The purpose of this analysis was to uncover as many factors as I could that built up a picture of their perceptions and experiences concerning any obstacles and motivations to their accessing and using ITN's. On my first field trip I interviewed nineteen women individually, and also conducted three follow-up

focus groups discussions with some of these same women in each of the three villages – Nsukka, Amechi, and Ngwo. The characteristics of the participants are presented in Appendix 7.

As described in Chapter 4 I used the approach to thematic analysis described by Braun and Clarke (2006) because of its theoretical flexibility, and its compatibility with my phenomenological approach. As a prelude to the thematic analysis, a brief synopsis of one interview is presented next, to give a flavour of the atmosphere of my conversations with the women. It also provides a contextual overview of some of the thematic elements (shown in bold), which are examined in detail in the ensuing chapter.

Conversation in Nsukka

14/3/2014

*Lillian's house in Nsukka was not hard to locate because it was situated along the road. The house was adjacent to **a heap of dumped waste**, which looks like a waste collecting place for all the people living around the area. She disclosed that the people living there have been complaining to the local government environmental management to come to their aid. Mosquitoes and other rodents are using there as their resting place and domicile. **Mosquitoes keep breeding and multiplying every second** in this place. The interview was scheduled to take place at 12.30pm. I was there on time and she was pleased to receive me. We exchanged pleasantries and I was offered a cold drink. Introduction was done and I reiterated the research aim and what her participation entails. Lillian was putting on a fluffy white top and a brown background Ankara material, which she wrapped round her waist, and a pair of bathroom slippers. She applied white powder on her face and neck. There was visible acne all over her face. The weather was too hot and there was currently **no electricity to put on a fan**. She opened all her windows and allowed the front door to remain open to allow increase in ventilation in the living room where we sat to talk.*

*She talked with considerable enthusiasm. I asked her if she had a net and she replied, "Yes, I just moved into this place because of my (university) studies. So I left the one we have been using in Abuja. With the hope that once I come here I will get another one. When we were in Abuja, **we don't normally suffer from malaria because we were using***

*net. Even if you go to my room now in Abuja, is still there.” “How do you feel about the insecticide treated net when you were using it?” I asked her. She said, “At the initial time, it was not all that easy because **once you are inside it you won’t be getting enough air** that is one thing....the only thing is just that sometimes especially in the hot weather you find it very difficult to use it....because one needs enough air.” She told me she had been in Nsukka for nearly a month so I was rather surprised that she had not got another net, for herself and her two children (4 and 3 years old) especially because she had been twice to the antenatal clinic for her current pregnancy as she told me. She tried to reassure me saying, “...but what I normally do is ...there is this research about malaria, the research once said that how malaria normally....**I don’t know if it is true but that is what I read**....I read it.....that once it is 4 o’clock (pm).....you close your doors then....that is the actual time that mosquitoes normally enters inside the house. You just close the door and there will be nothing like mosquitoes in the room and when it is 8 o’clock (pm).....even if you open your windows that malaria....mosquitoes cannot enter into the house...**that is what I normally do for now**. I also use to wear them stockings, light trousers and long sleeve just to prevent it so that it will not bite them.” Even despite these precautions, she felt as though **malaria had arrived in her**. “Yes, **I treated myself** malaria three days ago because within me, I was feeling dizzy and also the taste of my mouth sometimes it will be bitter so I now **went to the hospital** and complained **and they gave me malaria drug**.”*

*When I asked her about other ways she tried to protect herself and her children from getting malaria her response was, “At least they said **that if you allow your environment to be really dirty** that it uses to bring mosquito because mosquito is the cause of that malaria. I make sure that my house is....is not that it is neat like that, but it is not all that dirty. And I make sure that **I dispose any dirty water** that is around me just to avoid that mosquito. Another one is that sometimes....but this one is not to prevent the mosquito because our doctor that time....our doctor in Abuja, he said that any time I feel that my kid.....any of my kid is having fever that I should **give the person camoquine**, or every three....three months I use to treat **even if the person is not having it** or not, **just to prevent it**.”*

*She was very anxious to distance herself from being identified as an unhygienic person. “Another solution depends on our environment. They said if the home is good **depends on women** and if is not good, depends on the women. **So, all hands should be on the deck especially the women**, to make sure that their environment.....their environment is neat. There are some homes that if you go there, you can’t even eat. There is one of my....I am sorry to say this....there is one of my sister in-law, this person when I got to*

*her house, in fact the husband has been a medical doctor ooh. So I was pressed, I now enquired where their toilet is so that I can go and ease myself. When I got there, the place was very dirty and I now say ‘Eeeh doctor’s wife....imagine a doctor’s wife!’ I now went to her kitchen....dirty....she has house help oh with two kids. The other one is eehm....a year plus and the other is about three months now. So I found out that in the kitchen even waste bin is inside the kitchen filled up. Don’t you know that such a thing can cause...the breeding of the mosquitoes? In fact, **we women have to try and just make sure that our environments are kept clean and neat.**”*

*I could see that she was feeling tired and worn out, so I repeated my advice that at the **next antenatal visit she should request for her own net.** She assured me that she definitely would do so. On that good note we said our goodbyes.*

Thematic analysis

As described in Chapter 4 I used the approach to thematic analysis described by Braun and Clarke (2006) because of its theoretical flexibility, and its compatibility with my phenomenological approach. It also allowed meanings and prior assumptions to be considered, in relation to how the malaria experience was constructed and given meaning through social relations and socio-cultural context.

Table 5.1: Summary of thematic analysis process
(adapted from Braun and Clarke 2006)

Stage of analysis	Description of the process
Familiarisation with data	Reading /re-reading transcripts, noting initial ideas
Generating data labels	Systematic labeling of relevant/interesting features, case by case and across the data set.
Creating categories	Clustering labeled extracts under categorical headings.
Searching for themes	Gathering categories relevant to potential themes. Lifting quotes from original context and arranging under thematic headings
Reviewing themes	Checking if themes work in terms of extracts and

and thematic mapping	total data set. Identifying thematic relationships and an overview of the analysis.
Defining and refining themes	Refining themes and clear definition of each theme.

Familiarisation with the data

I transcribed all the interviews and focus group discussions from my first field trip myself and listened to them several times to enable me to become familiar with what the women had said and to check the accuracy of my transcription. I made reflective notes as I went along and I went through all the stages of analysis manually.

Generating labels and categories

I used ‘in vivo’ labeling as the basis for creating categories. This means that the analysis starts from the participants’ actual words as spoken and is connected to what they have to say that reflects their world-view in terms of their views and actions (Charmaz 2006). This means that as I read through each transcript in turn I underlined (labeled) all the words, phrases and ideas that stood out for me. This involved identifying extracts in the interview transcripts that appeared relevant in the terms of the research questions. I did this for each transcript in turn and after this I repeated the process across all the transcripts. Repeatedly reading the transcripts showed labels that could be collected into a smaller number of categories across the data set. I continued to make reflective notes as I went back and forth in the text to recognise similarities and repetitions in the categories as well as to keep noticing new ones.

Searching for themes

This phase refocused the analysis at the broader level of themes, clustering different categories into potential themes. All relevant extracts were then collated under relevant thematic headings. I then looked at those themes and I asked myself if I could reduce it any further to overarching themes. Where I did

so I then identified what I called sub-themes under each of these main themes. Regular meetings with my research supervisors were the opportunity for further reflection and review of transcribed data, codes and the emerging themes. Also at an early stage I presented some preliminary thematic analysis as a poster at the 2014 International Conference on Nursing and Healthcare, Chicago USA (Appendix 6), which helped me to reflect further on what it was important to identify.

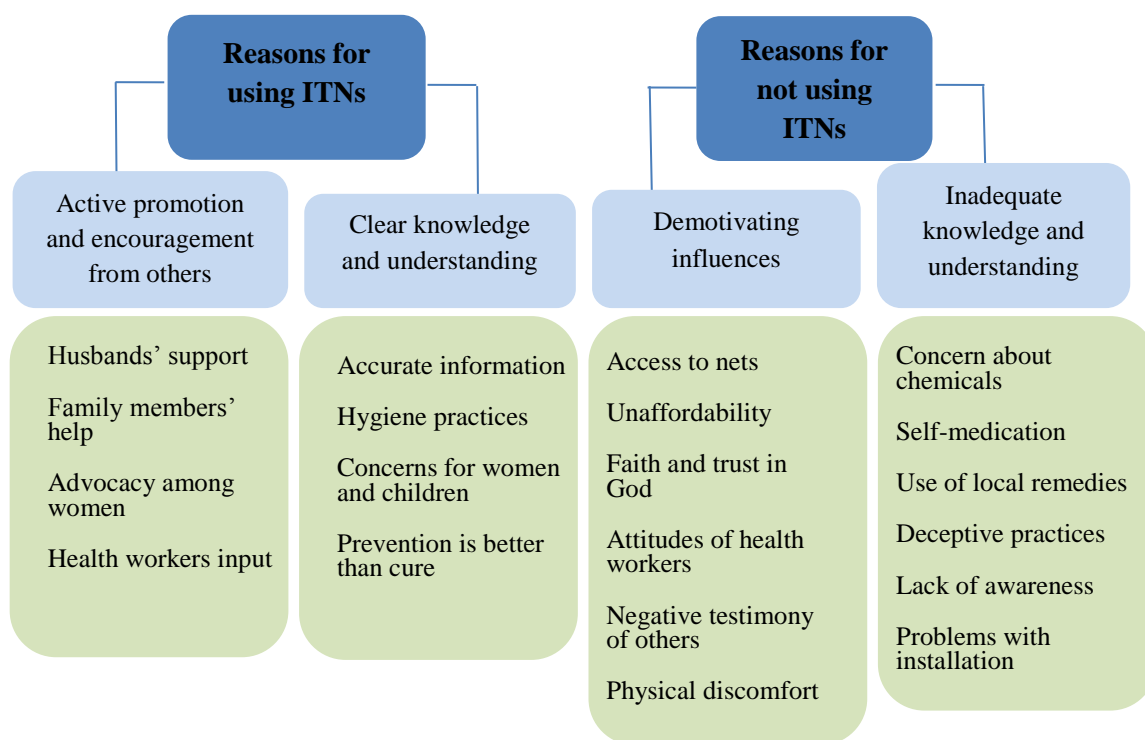
Reviewing themes and examining relationships

This phase examined how the themes fitted together and the interrelationships between them. The purpose of this phase was to establish the coherence of the analysis in relation to the research questions. I carried out a mapping process to show the scope and content of each main theme, and how they linked to sub-themes, categories, and the interview transcript extracts. The resultant analysis is presented in two sections. **Section 1** presents themes that relate to particularly to what the women had to say (although some of these were also reflected in the health workers talk). These themes are numbered Theme W1 and W2. **Section 2** presents themes from what the health workers had to say that reflect their particular professional perspective. These themes are numbered HW1-3.

SECTION 1: Themes identified from the women's talk

I finally arrived at two main themes, which I defined as 'Reasons for using ITNs' and 'Reasons for not using ITNs'. Figure 5.1 shows the two main themes (dark blue), their related sub-themes (pale blue), and a list of categories from which the sub-themes were derived (green). The links between this thematic map and the women's transcribed words are illustrated in Figures 5.2, 5.3, and 5.4, which are explained in turn below. The participants are identified beside each extract in terms of their transcript number [T1] (extracts from individual interviews), or the location of the focus group discussion in which they took part (FGD).

Figure 5.1: Map of women's themes, sub-themes and categories



THEME W1: Reasons for using ITN

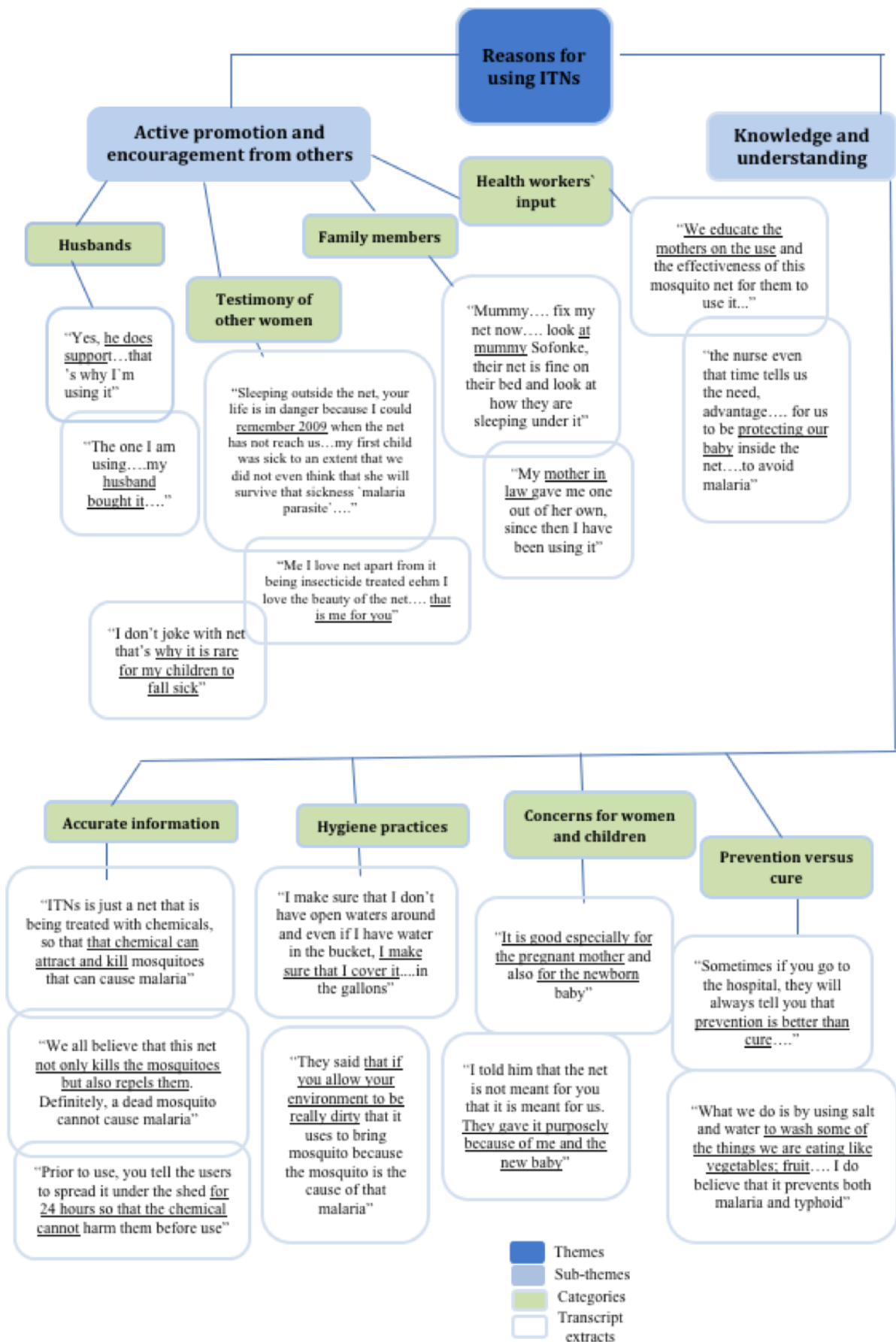
Sub-theme: Active promotion and encouragement from others

Husbands' support

Most women felt husbands' active involvement and support on ITN's use was vital, they felt somewhat overwhelmed by the patriarchal perspective operating within the environment. There was a sense that family who experienced full support from their husbands witnessed the high use of ITNs with subsequent fewer malaria attacks. Women felt relieved when ITNs were purchased by their husband.

“Yes, he does support...that's why I'm using it” (28-year-old pregnant mother from Nsukka T1)

Figure 5.2: Theme W1 - related subthemes and categories



“Presently there are two in my husband’s car, two that are not opened in my husband’s car....so he now brought it....” (33-year-old mother from Amechi T13)

“The one I am using....my husband bought it....” (31-year-old mother from Amechi T11)

Their husband's full support was needed especially for the children’s sake. Otherwise they felt restricted and hemmed in a space. One mother said,

“But sometimes when I wake up early in the morning to do some work. In order that the children will not wake up too, I will ask him to replace me inside the bed there and he will now stay with the children there” (33-year-old mother from Amechi T13).

Some men had shown less concern about family health challenges unless if directly affected them.

“Depending on the husband’s choice, if husband disapproves it...that’s it, if not, there will be conflict” (Health worker at Nsukka)

“It is only when that problem is directly affecting the man that he will be interested in it since he is the one bringing the money” (Health worker at Nsukka).

Although submissive to male supremacy as tradition demands, they had the power to manipulate the system to some extent, but negotiating malaria support issues with husbands required attentiveness and steadfastness in the approach:

“I kept begging my husband telling him that this is good....” (Health worker at Nsukka).

“Sometimes he will refuse and I will be angry like...this is good. You know husband and wife issue, sometimes you use a bit harsh voice, sometimes you pet...you know which way just to make things move” (33-year-old mother from Amechi T10).

The meaning making from the situation put women under continuous subjection to male dominance within the social context, requiring them to seek permission intacit and overt ways even to getting support in their malaria prevention efforts and live a peaceful life.

Family members' help

Other family members may perhaps play an active role in promoting ITNs use by mothers and their young children.

“My mother in law gave me one out of her own, since then I have been using it before I came down to Ngwo.....” (22-year-old pregnant woman from Ngwo T17)

*“Well... is my mother that got it for me from the local government”.
“It wasn't me that got the net but it was my mom... my mom brought one then my father brought one.”* (28-year-old pregnant mother from Nsukka T1)

Another woman said;

“Yes.... somebody dash me two.... a reverend sister...a younger sister to my husband...two net and I send it to the village... I gave one to my father and one to my brother...so that they will be using it to reduce malaria” (34-year-old pregnant mother from Nsukka T4)

There was a sense of support and belonging, and encouragement from significant others was motivation to use the nets. One mother narrated how a neighbor's child surprisingly and interestedly stimulated her mother to fix their own bed net for them. She said:

“Mummy.... fix my net now.... look at mummy Sofonke, their net is fine on their bed and look at how they are sleeping under it.” (33-year-old mother from Amechi T13)

Positive advocacy among women

Positive testimony about the benefits from women using nets was enthusiastic, both to me in individual interviews and shared with others in the focus groups. To be able to sleep and wake in comfort was a precious thing. They believed that sleeping under the ITNs was an amazing experience and something one should not do without. One of the women said:

“I feel good using it. I don't know how to explain it because I myself without it even if my own got old now I can go to market. I can look

for it any where for me to get it to be using it because it is very... very nice. I cannot sleep without it” (28-year-old pregnant mother from Amechi T9)

“Well, I cannot hide it from you, I feel good because my children...we sleep sound under it...we sleep sound under it I don’t experience what.... sometimes you wake up in the morning your neighbours will be complaining “hey today there is too much mosquitoes and that.... in fact, I cannot sleep now without entering the insecticide treated net.” (33-year-old mother from Amechi T13)

Another mother exclaimed,

“Aaaaah! I cannot sleep without using that net” (33-year-old mother from Amechi T10). One woman affirmed her discovery, “I feel very...very ok. I cannot sleep without using this insecticide treated net. I have discovered that when I use this insecticide treated net, I sleep like a baby.” (FGD in Amechi).

For some sleeping without ITNs could be life threatening,

“Sleeping outside the net, your life is in danger because I could remember 2009 when the net has not reach us...my first child was sick to an extent that we did not even think that she will survive that sickness ‘malaria parasite’” (FGD women in Ngwo).

The sense of being helpless under siege was strong, with ITNs as an effective weapon that should be taken seriously, based on the evidence of personal experience.

“The type of environment that we have.... is not something that you can say that malaria is not on your side. There are a lot of mosquitoes in our environment. One mosquito will be biting you there is nothing you can do that mosquito will not bite...” (36-year-old pregnant woman from Ngwo T18).

“That’s how I have been using it, but since I started using mosquito net I have not suffered from malaria much.” (31-year-old pregnant mother from Ngwo T15).

“I feel good, it reduces malaria...the number of time we use to have malaria-like that...we are not having malaria like the time we are not using it and I feel so happy and it is encouraging.” (34-year-old pregnant mother from Nsukka T4)

“I don’t joke with net that’s why it is rare for my children to fall sick.” (33-year-old pregnant mother from Ngwo T14).

The use of words such as ‘love’, ‘beauty’, happiness, used alongside descriptions of the relief of peaceful sleep and the sense of safety seemed, in my mind, to position the net not only as a protective weapon, but as a treasured artifact and refuge.

“Me I love net apart from it being insecticide treated eehm I love the beauty of the net.... that is me for you (33-year-old mother from Amechi T13).

“Is very nice shaa (anyway)...because if you are using it (ITN)...any mosquito biting...you will not experience that. In fact, it is very nice and with it (ITN), you will sleep very comfortably and ok...” (26-year-old mother from Amechi T12)

“We enjoy it because with the net you will not even have any scratching that mosquito is biting you. At times you will be outside, if the mosquito bite is too much, you will just rush to your net and close it. Inside the net, you will be discussing with people outside. They will tell you to come out from that net. You will say no, the mosquito is biting me. I will not come out again....” (36-year-old pregnant woman from Ngwo T18).

Health workers` input

Some women felt that health worker’s relationship with the community, was the driver to using ITNs.

“The nurse even that time. She tells us that the need, advantage.... for us to be protecting our baby inside the net....to avoid malaria and they said that is through the mosquito bite that we can easily contact eehm malaria....and you know malaria is very...very harmful. Is not good for small children.... even the pregnant or the mothers is not good for them. so I love the one that they gave us and I enjoy it” (36-year-old pregnant woman from Ngwo T18).

And the health workers acknowledged this.

“We educate the mothers on the use and the effectiveness of this mosquito net for them to use it... Prior to use, you tell the users to spread it under the shed for 24 hours so that the chemical cannot harm them before use” (Health worker Nsukka).

(Their viewpoints are developed further in Section 2 below.)

The women felt that health worker's continuity in dissemination of health messages especially malaria prevention would increase understanding and more knowledge on how to use ITNs correctly,

“Creating awareness is something that they should continue doing often and often because we have enough health workers who can be giving us this knowledge...sometimes you go to... like in my other village.... the other time I went home and I saw people using this net.... I don't know whether is curtain I will call it.... they just cut it and place it in a bar where they are selling wine....” (34-year-old pregnant mother from Nsukka T4).

However, the possibility of a disconnect between the health workers and health information was remarked upon.

“They just gave me net.... they only asked if I have collected the net and they gave me net and I signed. They filled my address and name, so I didn't feel like asking them question...because I have gotten the question... the information.... I have known the important of that net but they are the people that should come and say, 'Have you collected the net ... 'no' or 'yes' OK; do you know why we are giving this net? 'No'.... use it for this...this and this.... the net will help to do this and that.' But they don't do that.” (34-year-old pregnant mother from Nsukka T4).

Thus, there was a strong sense that effective use of ITNs is dependent on the amount of information received through the health workers as a health medium and that this information should be given at all times. But also, the health workers talk was a reminder of the pivotal role of women in protecting the community and this was an important counterpoint to their talk about the problems of negotiating family health needs in a patriarchal environment.

Sub-theme: Clear knowledge and understanding

Accurate information

There was a feeling that women who have good knowledge of ITNs would identify a link between the composition of the net and its capacity to protect.

“is just a net that is being treated with chemicals, so that that chemical can attract and kill mosquitoes that can cause malaria” (Health worker from Nsukka). Another woman expressed, “We all believe that this net not only kills the mosquitoes but also repels them. Definitely, a dead mosquito cannot cause malaria (FGD women from Ngwo).

But at the same time accurate information about the potential dangerous effects of the chemical used in treated nets and how to use ITNs properly was as important.

“Prior to use, you tell the users to spread it under the shed for 24 hours so that the chemical cannot harm them before use” (Health worker from Nsukka).

“Yes, of course, in the pack...the package of the net, they have a piece of paper there with instruction on what to do. You read it and go by it and if you are not courage and you cannot read, the people at the centre, they are explaining it. They are giving information with their own mouth.... oral information...teaching people...giving knowledge of that on how to use the treated net” (26-year-old mother from Amechi T11).

Hygiene practices and the environment

There was much resentment about lack of local government will to address the state of the environment in poor areas to combat mosquito attack. In fact the talk was very much in terms of a war zone.

“.... just look at this waste bin here (pointing towards the direction where a heap of waste are littered adjacent to her home) just imagine for how many weeks now. It has been like this. Government should be clearing it because the people around here are complaining....it will be breeding mosquitoes especially in the rainy season” the people living around here, they said that they use to pay for it but after the payment.....what happens? They will just dump it and leave it there....it is not good....it is not good” (27-year-old pregnant mother from Nsukka T5).

The women believed that the local areas were politically isolated, and media information a false picture. Alternative voices like those living in the poor rural areas were invisible and not heard and there was a great feeling of helplessness.

“Those people living in fine...fine places like Asokoro, Maitaima (in Abuja, Nigeria) I know that if you go, it looks like London but let them.... those government officials, those ones in charge should also consider the poor masses. Those people living around those places where there is a local area, they should consider them also. So that everybody will be carried along” (27-year-old pregnant mother from Nsukka T5).

“Anyway in the area that I’m living in this Amechi, there is a lot of gutters there. When you come out in the evening...you will see the mosquitoes. They are working like a human being (all laughing) they are biting anyhow. If you cover yourself, they will still bite your ear or your neck. Any chance they see.... any place they see even when you cover your body as far as you are outside they will bite. Sometimes in the house, you will be hearing their noise like a soldier...like people that are there for war. You see them.... sometimes, there is a well in our house, and you will see a lot of mosquito coming out from that well. So as me that is selling things outside there.... you will see a lot of mosquitoes on my leg...I will be killing them this side.... this side, they will be coming.... you will be killing them; they will still be becoming....” (FGD women in Amechi).

However, they also had much to say about hygienic practices and the fact that these should be the responsibility of everyone. They linked the cause of malaria to habitual negligence about essential preventative practices in the dusty and dirty environment. In which they lived.

Saying that *“cleanliness is next to Godliness”* they outlined thus:

“..... what I do is that I will stop dirty water keeping. I does not keep dirty water anyhow and I make sure I take care of my bathroom very well because is those places that mosquito come from. I will make sure that there are no urine around because I does not like anybody do any dirty water around my facility. So that’s how I keep my surroundings clean” (31-year-old mother from Amechi T11)

“After you come out, discard all the water inside the container and make sure that we cut all the grasses around our premises ‘do you understand’ because we notice that those grasses can be stagnant...those water....the stagnant water within, that generate mosquito but even at that it will not come from far and bite you ‘do you understand’ we make sure that we clean our environment so that mosquitoes will not....will not be growing there that is because at times you will see the egg of mosquitoes in the water. If you see water, if you look inside...you will see something that is black, when you get the thing up, you will notice that that thing is small.... small

egg 'do you understand' before you know it, it will become....it will change to eehm is it egg, larva, adult. So before you know it, you will see a lot of mosquito everywhere. We make sure that we clear all the grasses and all the stagnant water or any water that is not useful...those dirty waters, we throw them away and make everywhere to be dry. That's what we do but still there is nothing we can do (laughing) to kill all the mosquitoes (36-year-old pregnant mother from Ngwo T18)

"When your environment is neat, there is no way malaria will affect you. Both the food you are eating and other things, if you just keep your environment very clean there is no way you can contact malaria... especially this dirty water...." (34-year-old pregnant mother from Nsukka T6).

The way we are disposing dustbin everywhere... if you get to Onitsha and everywhere is very dirty and if we are not taking care of the environment, that thing we spray will not keep or stop mosquitoes in that place from multiplying again" (FGD women in Nsukka).

Concerns for women and children

The vulnerability of their children was a source of misery and helplessness, and their vulnerability to malaria attack was the overriding reason for getting hold of and using ITN.

"Many people, many children, many pregnant women.... many of them are suffering from one problem or the other.... malaria 'do you understand' and according to the information they gave us the other day that malaria can kill the baby in our stomach if not normally treated fine 'do you understand' (36-year-old pregnant mother from Ngwo T18).

"I told him that the net is not meant for you that it is meant for us. They gave it purposely because of me and the new baby" (36-year-old pregnant mother from Ngwo T18).

Prevention is better than cure

This was a message on which all could agree, and had their own approaches and theories.

"Sometimes if you go to the hospital, they will always tell you that prevention is better than cure...." (26-year-old mother from Amechi T12)

“The first advice is for them to work on the prevention...” (34-year-old pregnant mother from Nsukka T4)

“Yes, like if I buy something like vegetable and fruits.... I use salt to wash them because I believe that there are germs and dirty on those things that can cause malaria and typhoid. So I use salt and water to wash it very well before eating.... I believe that if I wash them, the salt will cure those things and remove some of the dirty because salt can remove those dirty if water cannot remove them, with the addition of salt, it can remove it, so I believe so” (34-year-old pregnant mother from Nsukka T4)

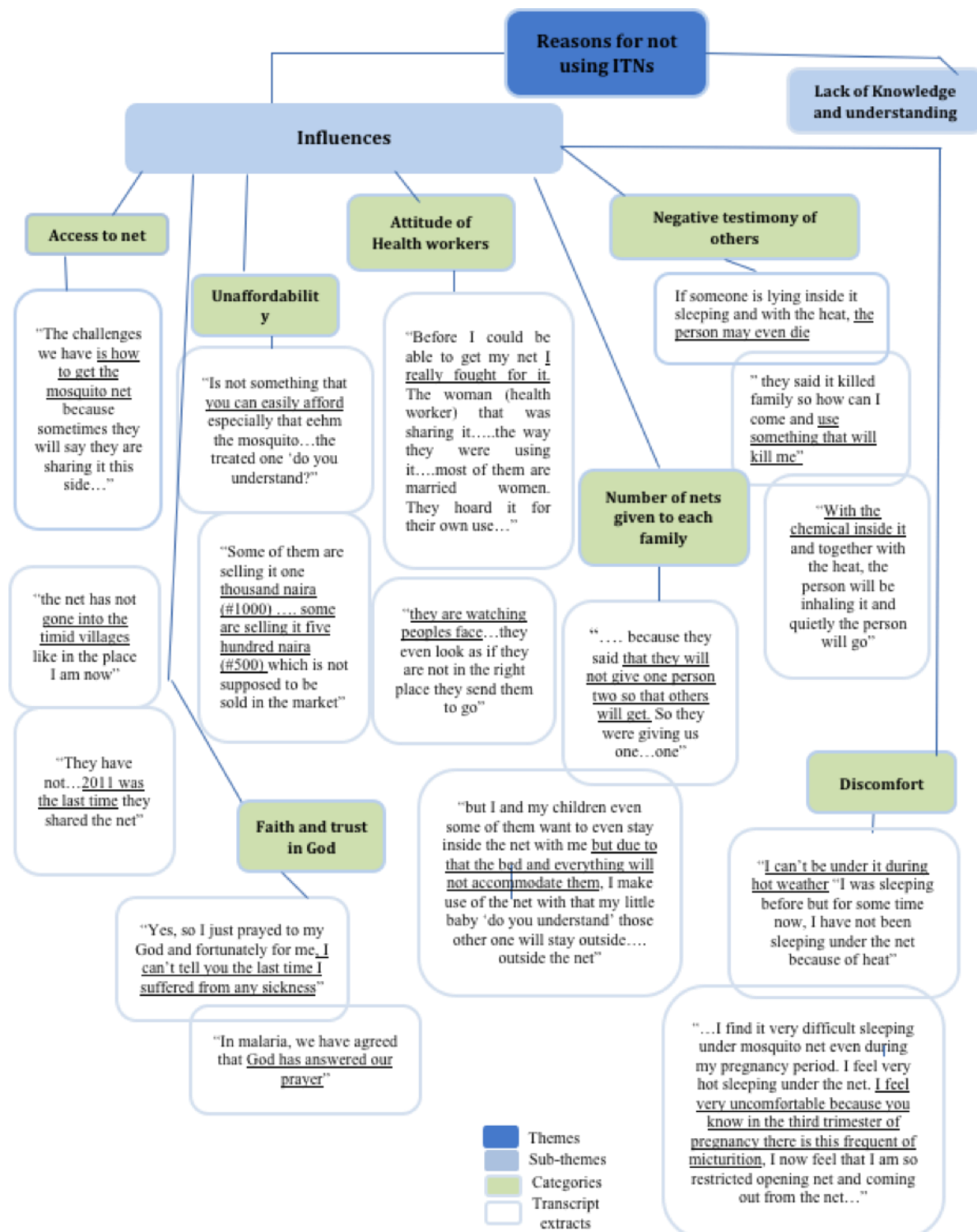
“Some said maybe you will be avoiding fried things that when you are taking all these frying...frying things, you will be having symptoms of malaria” (26-year-old mother from Amechi T12).

In summary, Theme 1 characterises the ITN as providing a place of safety, and reveals the sense of responsibility the participants felt, as women and mothers, to achieve this for their families, and also for their local community.

“In short, I don’t know but I think mosquito net is the best. If one can be able to afford net in the window and the one inside that is the mosquito net...that one is the best because whenever you enter inside the mosquito net....no mosquito even the single one will not bite you ‘do you understand’ so all those ones are just something one can do to just for manage....” (36-year-old pregnant mother from Amechi T18).

“I’m a woman no matter what happen...I am a woman, I have to do those things so that when someone is entering my house, they will feel comfortable...” (31-year-old mother from Amechi T11).

Figure 5.3: Theme W2 - subtheme (a) and categories



THEME W2: Reasons for not using ITN

Sub-theme: Demotivating influences

Access to nets

Worrying about how to get ITNs constituted a large part of the anxiety experienced by the participants, and what they saw as deceitful; and unjust practices. There was no shortage of anecdotes about their experiences and the frustration, anger and disappointment they felt as a consequence.

“The challenges we have is how to get the mosquito net because sometimes they will say they are sharing it this side...this place and when you go there they will not give you any one but sometimes if you go to the market, you will see them selling it in the market” (FGD in Amechi).

“Yeah, that’s one of the problem availability, if it is available a lot of people will go after it and try to get it but and most times even the government sponsored aah mosquito net you discover they are not available some few individual will divert them and market then, so most times when you go to the market you get this insecticide treated net” (44-year-old mother T19).

“the net has not gone into the timid villages like in the place I am now,” another one said “They have not...2011 was the last time they shared the net” (33-year-old pregnant mother from Amechi T14).

The women felt that since the hospital is an ITN distribution center, it should be available and accessible at all times. One woman expressed her disappointment at missing out on collecting ITNs during her antenatal visits.

“They told us to go and collect the net where they have it but we were busy with all these palpating of a thing, so I said I will collect my own later it wasn’t enough and when I got there they said it has finished and up till now. I went back there today, they said the net is not there again that they will bring it later” (28-year-old pregnant woman from Nsukka T1).

In response the health workers explained their difficulties.

“We don’t have any other way to get it. It was even recent they supplied it and we now gave to the mothers... from the UNICEF, the distribution comes from the officers that are in charge....in control of malaria, at times they come from the Ministry of Health, Enugu at times somebody could come from the local government. The only thing we do is that when is going down, we request early enough so that before our stock finishes so that we do not allow it to finish before we start requesting” (Health workers in Nsukka).

Often women described how difficult it was for them to get their own nets despite the government’s free distribution strategies,

“To me, before we can be able to get the one we are using, we find it very difficult. Although they announced it on the radio that this kind of thing is going on and that they are sharing the net but how are you going to collect it is another problem.... we came out as in along the street, we saw them sharing and the way they are sharing it, they are not sharing it the way they are supposed to do it. Is like they are maybe they are looking faces or looking for their own people (FGD women in Amechi).

One woman expressed her frustration before she could get her own ITNs, how she struggled with the distributors and vehemently condemned their chauvinistic attitude.

“Before I can get this treated net...I went to the extent of trying to fight one of those women.... I told her.... I went on....is it Tuesday, I couldn’t get.... I went on Wednesday, I went on Thursday, Friday then on Saturday, I went and stayed but around twelve I came back. Then Sunday after six thirty mass I went back to the place....in fact what they are doing is that if there is a lot of queues...you will see a lot of people there now (using her hand to demonstrate), they will give some and hide some. So I started asking the woman, ‘This one that you are keeping at your back’ she said that there are people that gave her their cards, so I said ‘No, you will give me because I am present now before you will be able to keep for those people that are not yet here’ that was how I got the net” (FGD women in Amechi).

Women found it challenging to manage the available nets due to limited number, as a consequence few family members are allowed to sleep under the net. This

was a psychological concern for a number of women but they also felt that ITN distribution strategy was not strategically implemented. As such the number of ITNs distributed in different locations varied.

“.... because they said that they will not give one person two so that others will get. So they were giving us one...one” (26-year-old mother from Amechi T12).

Another woman confirmed this variation, she said:

“I was in the village when my local government was sharing and I collected. We were doing ceremony on that time and I collected two. Here.... the day this local government were sharing their own.... I was here and somebody in my house that day collected two. Because every house they gave two...two” (34-year-old pregnant mother from Nsukka T4).

The limited number of nets available meant that not all family members could use an ITN even if they wanted to.

“But I and my children even some of them want to even stay inside the net with me but due to that the bed and everything will not accommodate them, I make use of the net with that my little baby ‘do you understand’ those other one will stay outside.... outside the net” (36-year-old pregnant mother from Ngwo T15).

In condemning the partisan attitude on ITN distribution, the women were adamant and emotional about what government and those concerned with malaria prevention needed to do subsequently.

“For me, I’m pleading with the Government that next time because this thing is concerning net. Whenever they are doing anything about health, they should be very careful. Since they decided to help people about the treated nets because of malaria we are having in this country. They supposed to do it accordingly. They supposed to know the way that they will do it. If maybe the way they are doing census, they do it.... if possible let them be moving yard by yard...if they come inside one compound, they make sure that each and every one of them they give them” (FGD in Amechi).

“But since we believe that we are Christians.... we are children of God; we should not allow those things. So even if.... even if the leaders decide to do something or to bring out a huge amount of money for the eradication of this malaria.... they will follow it up and look for God fearing people that will handle it so that they will not.... the people they will give the money will not embezzle and

claim that they have done what they have not done” (27-year-old pregnant mother from Nsukka T5).

Unaffordability

The women complained bitterly about the financial challenges the families might be exposed to for not having free nets, one woman said:

“Is not something that you can easily afford especially that eehm the mosquito...the treated one ‘do you understand?’” (36-year-old pregnant mother from Ngwo T18).

Another woman lamented on the alleged exorbitant price tag on the net sold in the market.

“Some of them are selling it one thousand naira (#1000) some are selling it five hundred naira (#500) which is not supposed to be sold in the market” (FGD in Amechi).

Families go out of budget with limited resources usually meant for other subjective needs like food, one woman expressed this stress and put up a suggestion on workable approach to making ITNs not only available but affordable to all people.

“Thinking of how to buy net...It may be costly in the market and you look around and the only money you have is to take care of food for you and your children and your family. So that is very difficult for people to go and look for net.... instead of looking for daily bread. So if they will make it cheaper....so selling it in the market is costly.... if they can sell it in the hospital at cheaper rate...maybe government hospital, not private hospital because anything that goes to the private will attract more money (34-year-old pregnant mother from Nsukka T4).

Faith and trust in God

Often women described their situation unconsciously in a more spiritual and religious viewpoint. They ascribed reality as divinely elected and revered the supreme God in all life issues and challenges. One woman said:

“Yes, so I just prayed to my God and fortunately for me, I can’t tell you the last time I suffered from any sickness” (26-year-old pregnant mother from Nsukka T4)

There was a feeling that these women had often engaged their families in agreement prayers to put an end to their afflictions. A woman expressed:

“In malaria, we have agreed that God has answered our prayer”
(30-year-old pregnant mother from Amechi T16).

Attitudes of health workers

A number of women felt that health workers are not doing enough to promote ITNs use, one woman expressed:

“Since I started antenatal, I never see them share the net for pregnant women....” (30-year-old pregnant mother from Nsukka T3).

Some woman suggested that health workers’ distribution strategies smacked of nepotism not in line with the government’s proposed plan.

“Before I could be able to get my net I really fought for it. The woman (health worker) that was sharing it.....the way they were using it....most of them are married women. They hoard it for their own use...” (FGD women in Amechi).

“they are watching peoples face...they even look as if they are not in the right place they send them to go. When they give them something like that they will move to those areas where their people are living, so that they will give those things to their own people because the way they are sharing it you will even know that they are looking at faces before they give it to them. Unless you know someone who is working under the health or Local Government where they are giving them, you can now take because I know that that day some are taking more than that...” (26-year-old mother from Amechi T12).

Negative testimony of others

A number of women had horrible experiences using ITNs. One woman described her family anguish.

“So after spreading it, we now... I now used the net personally, when I use the net, I noticed something because after sleeping inside the net, if I want to.... if I go near fire or if I want to light something I will start having itches all over my body as if I have rashes or prickling heat, something like that, and the same thing happens to my younger brother, he noticed the same thing. It will last for two days before I will feel relieve. So I experienced that thing twice, so I stopped using the net, so I said since it happened to my younger brother and the same thing is happening to me maybe the net is not all that good but when we spread it, though some insect that flies near the net they were just dying, eehe may be I said because of the chemical and another thing that was used in treating the net... but what stopped me from using it was that itches” (28-year-old pregnant woman from Nsukka T1).

Indeed, a number of families had given up using ITN because of the alleged negative experiences from other people.

“Some said that when you put it that heat is too much. Some said because of the rumor they heard.... you see people....” Most people are influenced by the information they get”” they said it killed family so how can I come and use something that will kill me” (33-year-old mother from Amechi T10).

“ there is one of my friends eeehm that...she told me a story...she said eeh she doesn't like sleeping under it. The only reason she gave me was about some family...the woman and the three kids they sleep under the net and they were suffocated. So because of that she doesn't want to die ooh that she still have a long way to go that she doesn't in fact because of that she even go further to discourage others not to use it...she said “that thing kills ooh” (FGD in Amechi)

One woman tried to counter these perceptions saying,

“Yes, I do advise them... I heard them saying that it was the one that gave them those sicknesses and I told them that it was not true that it is because it is the sickness time and that's why it came...it is from the air and not because of the net...that they should not use that as an excuse so that the children will not go sick” (25-year-old mother from Amechi T11).

Women felt that misinformation contributed immensely to the misfortune and horrible incidences experienced using ITN.

“they said when we get this net that we don't hang it immediately.... we will spread it on a breeze, not the sun so that breeze will blow on

this net like for about 30 minutes before you hang it. But I heard that some people who did not get or understand such information, they brought the net, got home and hung it immediately and start using it. So I heard that it killed some people. So with these rumors some did not use it at all” (33-year-old mother from Amechi T10).

Physical discomfort

Women felt that their exacerbating pregnancy discomfort hindered ITN use exposing them to malaria attacks.

“Because of my condition sometimes I feel hot, so in other for us to be comfortable I have to come out from the net “you understand” (36-year-old pregnant mother from Ngwo T18).

“I have a net but my experience may be a negative one, I hope you don’t mind. Actually, I find it very difficult sleeping under mosquito net even during my pregnancy period. I feel very hot sleeping under the net. I feel very uncomfortable because you know in the third trimester of pregnancy there is this frequent of micturition, I now feel that I am so restricted opening net and coming out from the net. So because of that I don’t feel “you know” I don’t feel comfortable using the net but I know the net is very... very effective” (Health worker in Nsukka).

There was a considerable degree of defensiveness expressed for not using ITN,

“The same thing is my own experience but each time I tried to sleep under this mosquito net, I feel as if I am being smouldered. I feel as if I am being suffocated. So I never use that mosquito net. So personally I don’t use it even though I have procured one. I have dropped it somewhere now and it is filled with dust... (Health worker in Nsukka).

There was speculation that the Nigerian climate limits effective use of ITN. Sleeping under the net during unfavorable weather conditions was a distressing experience.

“I can’t be under it during hot weather “I was sleeping before but for some time now, I have not been sleeping under the net because of heat” (25-year-old pregnant mother from Nsukka T2).

“In the night... you don’t feel relax...you sleep but at times you will hear the noise of mosquito through outside when you hear it.... the mosquito will not bite you just use your hand and do like this (waved her hand to demonstrate it) and you will start sleeping again. Sometimes you feel.... only that heat....” too much of heat” in short, once there is heat, you can’t use the net unless if you have a fan. You can on the fan and then be under the net” (22-year-old pregnant woman from Ngwo T17).

Sub-theme: Inadequate knowledge and understanding

Concerns about chemicals

Even though women appreciated the notion of ITN use there were a still number of reservations about them, based on assumptions about the chemical used in treating the nets. There were worries that it was detrimental to human health, one woman fearfully and anxiously expressed:

“With the chemical inside it and together with the heat, the person will be inhaling it and quietly the person will go” (26-year-old mother from Amechi T12).

Such fear was apparent in others.

“...though if you want to use it for the first time.... initial time, there is one kind scent that even if you sleep under it, you will not breathe well. That kind scent I don’t know.... the first time I used it, I was afraid... this kind thing can kill somebody.... the scent of that thing.... I was even thinking that is that scent in the net that kills a mosquito. But at a long time, the mosquito still penetrates the net inside the.... come inside and bite us. So I don’t see the.... for me that net is nothing for me” (32-year-old pregnant women from Ngwo).

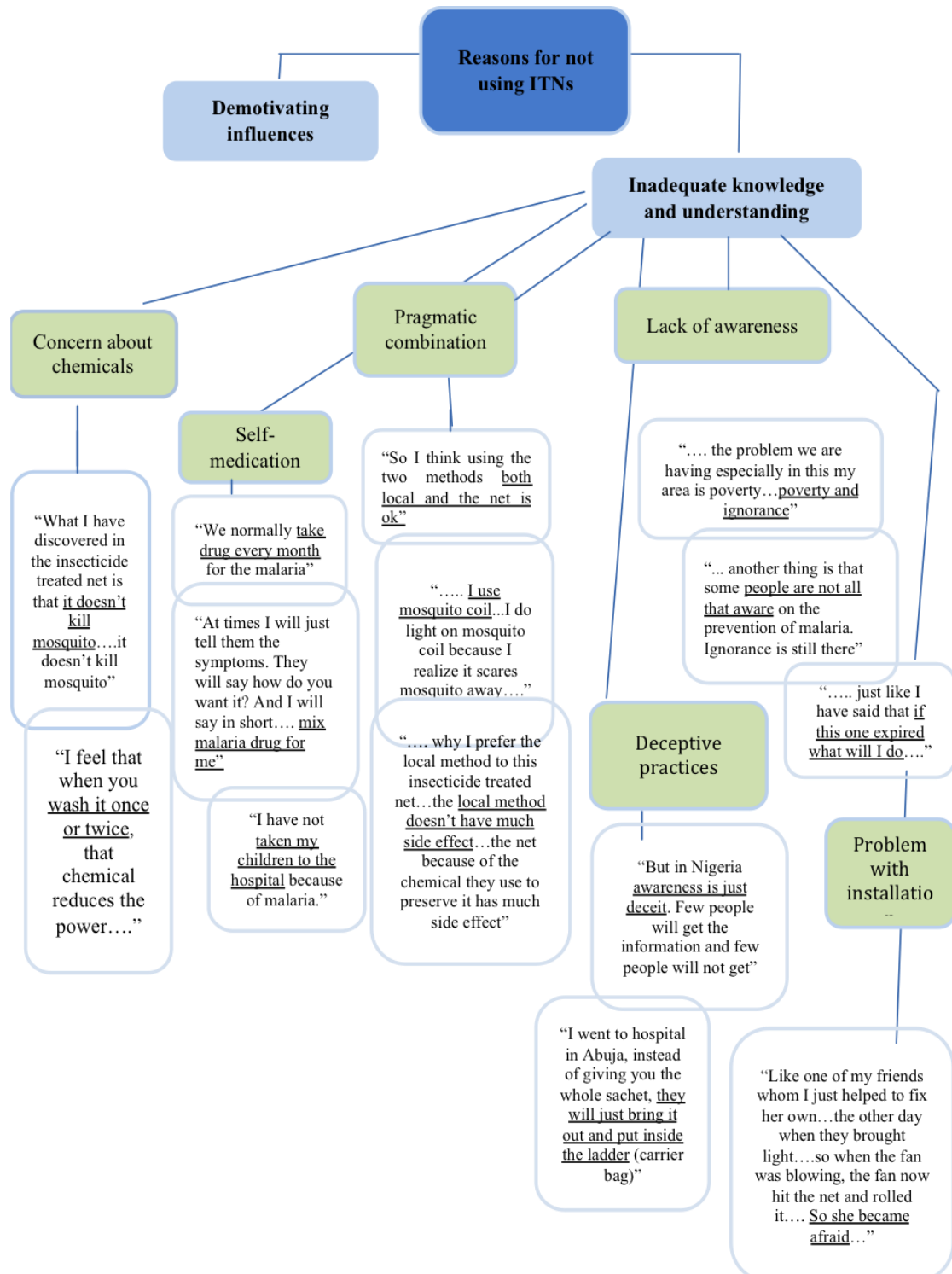
In the agony of losing a pregnancy, women were emotionally and psychologically overwhelmed of the dangerous effect of chemicals. One woman expressed her heart-breaking affliction.

“I feel that it is that thing that kills the baby because in my first pregnancy, I came and I discovered that my husband has finished putting the insecticide but the scent was still inside the room. As

soon as I perceived the odor, it caused stomach upset for me. So that time I spray the insecticide that caused the death of my child in the womb, the odor (perfume) really disturbed me” (FGD women in Nsukka)

There was a sense that such worries were a constant source of misery and unhappiness.

Figure 5.4: Theme W2 - subtheme (b) and categories



“Before they started to introduce the net so I hear.... I am hearing that some people are dying inside the nets. That’s the reason I’m afraid of using it” (30-year-old pregnant mother from Nsukka T3).

“He was the one that told me the experience that he was not able to spread it, He just hanged it and entered it....it was scratching him.... he even vowed not to use it again...” (27-year-old pregnant mother from Nsukka T5).

Another woman felt that the chemical contributed to strange afflictions and disharmony in families, hence, a disruption of the relationship between husband, wife, and children in the family.

“Yes...before then when my husband started to use it...when he lie down on the net...the net, he experienced some rashes like that and some people when they started to use it, their eyes were swollen with water like Apollo” (25-year-old mother from Amechi T11).

Women felt that the effectiveness of the net technically and mechanically becomes ineffective once the net is washed. They expressed how the situation taxed them to keep finding solutions to make the net effective.

“I noticed that ever since I started because I have washed my own twice. I started washing it... I think the chemical.... the insecticide chemical inside it reduced. Sometimes I wake up I will see that mosquitoes have bitten me....” (FGD women in Nsukka).

“The insecticide in the net disappears and mosquitoes bite ‘you understand’ so I have not really discovered what I will use on the net or the kind of.... I don’t know but how I made it is that I wash it and if a particular one reduces its eeehm its provision or guidance on my skin. I will bring that one down and raise another one that is still fresh that can still kill mosquito...that’s how I do it (33-year-old mother from Amechi

Self-medication

An important part of this experience was that a number of people in Nigeria take drugs habitually without waiting or visiting hospitals for such prescriptions. Women felt that it was an everyday practice in families which aimed at preventing them from the deadly attack of malaria.

“We normally take drug every month for the malaria” (26-year-old mother from Amechi T12). Another woman expressed, “...and sometimes I don’t wait for the malaria to come before I treat the malaria...if I just feel...maybe dizzy somehow.... I will suspect that malaria might come so I don’t wait for it to come...I will just go and take some prevention drugs and the same thing with my children.... if I just notice that their body is hot or warm I will just suspect is fever so I will treat fever...I will just go to chemist (34-year-old pregnant mother from Nsukka T4) one woman exclaimed “Yes, whenever I see them dull like that, I will just buy malaria drugs and give them and after that they will be ok” (25-year-old pregnant mother from Nsukka T2).

Women felt more relieved visiting the chemist shop than going to the hospital to waste money and time, due to distance and long waiting before being attended to by the health workers.

“No, you buy it because you cannot be going to the hospital every month. So once you have that kind of symptoms and you do not have the money to go to the hospital, since you have already known the symptoms, you will just go to the pharmacy and get the malaria drug” (26-year-old mother from Amechi T12).

“I have not taken my children to the hospital because of malaria.” (25-year-old pregnant mother from Nsukka T2).

“At times I will just tell them the symptoms. They will say how do you want it? And I will say in short.... mix malaria drug for me (36-year-old pregnant mother from Ngwo T18).

Because this experience seems endless, women felt helpless and hopeless but somehow adopted a coping mechanism to their situation.

“We waste most of our money for malaria treatment ‘do you understand’ we are not happy but what can we do.... there is nothing that we can do (smiling) we will be managing ourselves...that is it” (36-year-old pregnant mother from Ngwo T18).

As a consequence of family budget being overstretched by the cost of proprietary drugs, women resorted to other alternatives to prevent malaria attacks on the whole family to save money.

“So I do use herbal, all these herbal leafs you know like scent leaf and bitter leaf, when you squeeze them, you use hot water to mix the water you brought out from the ee.... this thing the leafs, then you

use it with pump, that's local way that we do use it, we call it pump, that's how we use to do it...we will put it in their anus and put the water inside, it will flush the whole dirty in your stomach. Yes, you take it orally as well. So after that.... that day you did that to the child you will see that the child will be free, and I will go to the chemist shop and buy malaria drug” (25-year-old pregnant mother from Nsukka T2).

Pragmatic combination of approaches

Women felt that combining approaches, such as hygienic practices, ITN, proprietary medications, and local herbal remedies made a lot of sense.

“So I think using the two methods both local and the net is OK” (FGD women in Nsukka).

“Another thing is.... I do apply water guard...another thing is that I don't have fridge.... I can't be boiling water every day.... there is no water in this town...in this area, so I use eehm...water guard (34-year-old pregnant mother from Nsukka T4).

Several strategies were described as alternatives to sleeping under a bed net.

“I want to add that it (ITN) can be used in many ways...you can either sleep under it or use it to cover your windows and many places so that it can clear the mosquitoes (FGD Health workers in Nsukka).

“..... I use mosquito coil...I do light on mosquito coil because I realize it scares mosquito away....” (38-year-old pregnant mother from Nsukka T7).

Yes! this garlic...some people use garlic and lime, they said they mix it together, that it also cures malaria (33-year-old mother from Amechi T10).

“We use this paw paw leaf, maybe when you feel sick, you feel maybe dizzy. You feel weak, you can get paw paw leaf, boil it, you drink part of it then you bath with the remaining one. guava, paw paw and mango leaf, about three of them, we will boil them together drink some then bath with the remaining one” (FGD women in Amechi)

“It is called mosquito drug leaf (lemon grass) by some people but it looks like scent leaf. If you cut the stems and drop at some places,

mosquitoes will not get close. The chemical that are everywhere these days that are cheap like; you have sniper, you have eehmm...this is the one I normally use in the house, you use syringe to withdraw it and drop at some point in the house. Any mosquito that get into the place that you have.....that you have drop this chemical that I am talking about will just fall and die” (FGD women in Nsukka).

Women found out that observation and understanding what the body was saying, and taking action accordingly with available methods was more rewarding.

“Once I feel them hot, when you look at your child you will know when the body systems have changed or something like that. Like how I normally feel it on the body of my children, my first son is a rough type, He likes playing, whenever you see him dull and the eyes are changing, you will know that something is wrong, “understand” so I do use herbal, all these herbal leafs you know like scent leaf and bitter leaf” (25-year-old pregnant mother from Nsukka T2).

Because of the reservations felt by some women on ITN use, one woman boldly justified her preference on malaria prevention, she explained:

“.... why I prefer the local method to this insecticide treated net...the local method doesn't have much side effect...the net because of the chemical they use to preserve it has much side effect” (FGD women in Nsukka).

On the contrary, some other women had reservations about herbal remedies.

“The local treatment does not give you (chuckling) what you have to take even if they gave you is not exactly. Sometimes you will create your own problem from buying herb you will get another problem. So I don't want to trouble myself” (25-year-old mother from Amechi T11)

“I even remember that it leans (slims) when you drink this herb. It makes you lean” (FGD Amechi)

“I am afraid of herbs because I could remember very well there is a neighbour who said taking of herbs destroyed his liver” (FGD in Amechi)

“.... So since my children take tablets and I'm always afraid for this local herb to be given to children. Maybe to avoid other problem

added to my problem. So I don't give it to them but what I do Is that I bath them with it. My parents use dogoyaro, they will boil it, use the water" (FGD in Amechi).

However, women expressed one important thing needful for promoting health. They assumed that eating healthily builds immunity, which protects the body from external influences such as germs including malaria attacks;

"What I want to add is good nutrition; there is nothing good nutrition cannot do. Even with the malaria.... with the parasite but once the immunity of the body is high there is the tendency of one developing that malaria is not as easy as that but if you don't eat good food let hygiene apart but still very important. Is part of it but good nutrition is the key to lasing health and this good nutrition comes about naturally" (FGD women in Nsukka).

Deceptive practices

Feeling deceived by the system was a provoking challenge. Women felt there was a lot of subterfuge with information being hidden from the public, especially the vulnerable.

"they will start with first of all create awareness to the people....to the local people before they come. But in Nigeria awareness is just deceit. Few people will get the information and few people will not get" (FGD women in Nsukka).

Another felt that the deceptive practices by the health workers was unfair and suspicious.

"I went to hospital in Abuja, instead of giving you the whole sachet, they will just bring it out and put inside the ladder (carrier bag)" (27-year-old pregnant mother from Nsukka T5).

But they also recognised that there was a national and global agenda in play, and made an impassioned call to agencies responsible for malaria prevention to take up the responsibility of getting the nets to those most need of it.

"But there is one book I read, they said that "can you eradicate malaria totally" In Nigeria, can they eradicate it?" I responded that malaria endemic nations can because nothing is impossible, but in

reaction to that she said, “Because of Nigeria corrupt nature it will still be there. We really have to pray for Nigeria” (27-year-old pregnant mother from Nsukka)

“How I wish that the government or all these NGOs will buy it and will take it to them...there was a time they were giving it to the villages but this time around the story has changed....” (FGD women in Nsukka)

“We are calling on you people to come and help us to prevent the deaths of our mothers....” (Health worker in Nsukka)

“And if Government can afford...I know there is money especially in this our country Nigeria.... we have money but the poor are getting poorer while the rich are getting richer. If they can be able to provide both net and tent and share it to everybody, giving it to everybody in the church, in the school even a little baby will have his own net” (36-year-old pregnant mother from Ngwo T18)

Lack of awareness

A number of women felt that ignorance as they put it, hindered effective use of ITN, and this was apparent in some of the things said.

“.... the problem we are having especially in this my area is poverty...poverty and ignorance” (34-year-old pregnant mother from Nsukka T4).

“It has been up to three years now. I decided to drop it and look for a new one” (36-year-old pregnant mother from Ngwo)

“Yes, she gave me that one and said that I should spray it in the sun but I didn’t do it till the net expired. I think the net is expired” (30-year-old pregnant mother from Nsukka T3).

Women felt that what they heard about ITN was not the actual nature of it. One woman expressed:

“But I am doubting if that net can prevent mosquito. I heard that when you spread that net.... that when mosquito attack it that the net will kill the mosquito. I don’t think the net kills mosquito” (32-year-old pregnant mother from Ngwo T16).

“I have removed the one they gave me there.... they are not in my bed again because they gave us an expiring date. The expiring date is tagged on the back of that net. They said that the net will be expiring 2014. They gave us on the 2nd January 2011, so the net is no

longer with me because of the expiring date inside the pack” (36-year-old pregnant woman from Ngwo T18).

Another woman summed up and emphasised the need for more awareness campaigns on ITN use so that people would use it effectively to stop them from dying.

“... another thing is that some people are not all that aware on the prevention of malaria. Ignorance is still there. People like you people.... researchers (chuckling) can go to such people and create awareness, so that they will know which is very.... very nice. If you go to the hospital.... even from the radio, you will find out that malaria is really killing people especially in Africa” (27-year-old pregnant mother from Nsukka T5).

Problems with installation

Finally in this sub-theme, simply hanging the net on the walls was problematic for some women even when external help was provided.

“Some people find it difficult to fix it and even me I cannot fix the net but apart from that I don’t have any problem with the net. If I am able to see someone that can fix the net for me I will sleep there comfortably even with heat or no heat, I can use because I don’t like mosquito bite” (FGD women in Amechi).

Another woman recounted a story on how she assisted a family in fixing their net, which later resulted in catastrophe.

“Like one of my friends whom I just helped to fix her own...the other day when they brought light....so when the fan was blowing, the fan now hit the net and rolled it.... So she became afraid.... So when I fixed it I forgot that the ceiling Fan... is like I didn’t do the measurement very well but I did my own very well, so when NEPA brought light...in the night when they were sleeping under it, herself, her husband and the child, the fan now carried the net and caught everything and roll the thing. They now jump and off it from the switch. So that very night (chuckling) that very night the husband now says comot (remove) everything, I don’t want it again” (33-year-old mother from Amechi T13).

“One of the challenges I have is how to hang the net. I found it very difficult...to the extent that I even use ladder (chuckling) it is very difficult” (29 year old mother from Amechi T19)

Even though women appreciated the potential value of ITNs use there were clear reservations about their use. Presumptions about malaria prevention were many and varied, relating to the chemical used in treating ITNs, concerns about governmental and non-governmental strategies and practices, and knowledge on existing local remedies and techniques to protect themselves and their children from malaria attack.

SECTION 2: Themes identified in the Health Workers' talk

This section of analysis will uncover particular aspects in the narrative accounts the health workers. As health professionals, their perceptions on delivering healthcare services in the midst of a challenging environment heightened the complexity of their situation. I employed the same approach to thematic analysis by Braun and Clarke (2006) as already described. In the health workers' accounts, there were three issues, which I identified as themes (dark blue): **optimising their professional role; knowledge and understanding; and concerns about structure**. Figure 5.5 shows the three themes and their related categories (green). The links between this thematic map and the health workers' transcribed words are illustrated in Figures 5.6, 5.7, and 5.8, which are explained in turn below.

Figure 5.5: Map of health workers' themes, and categories

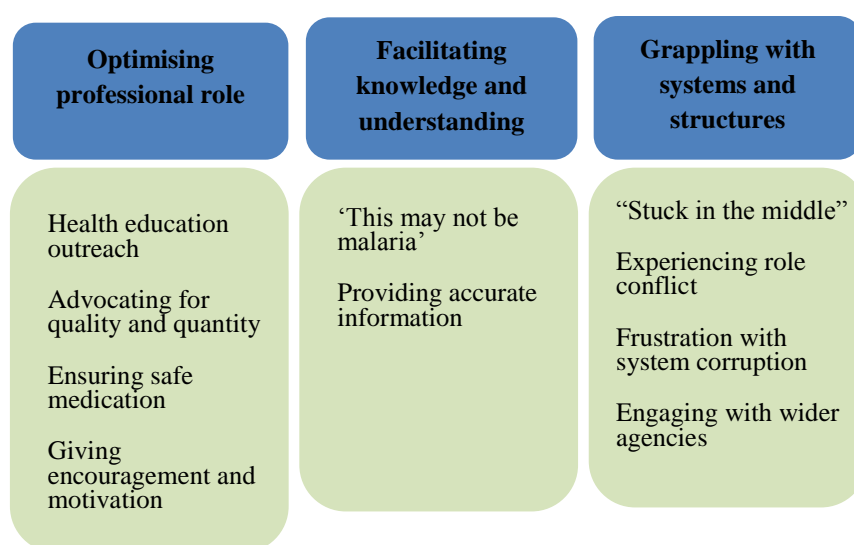
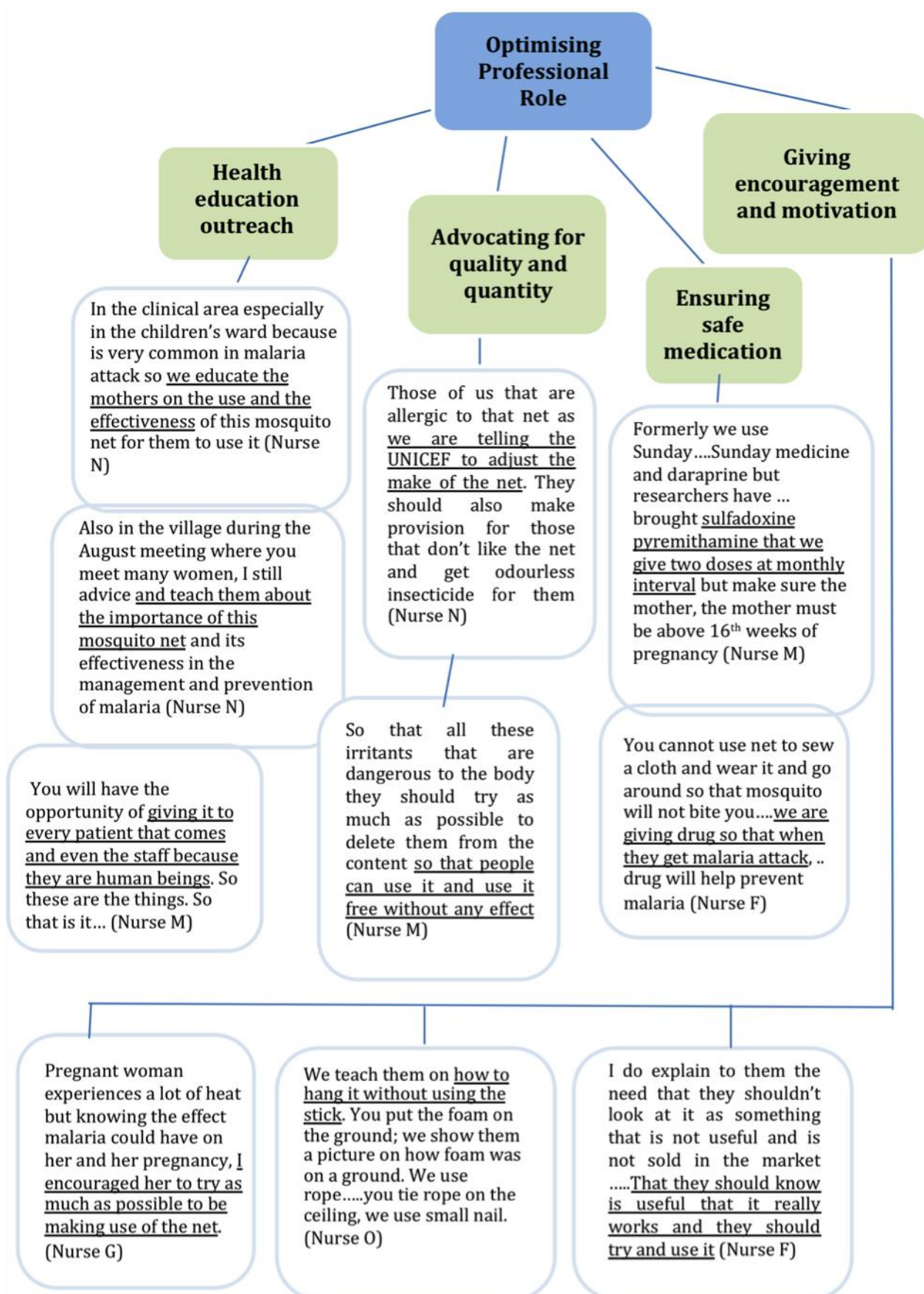


Figure 5.6: Theme HW1 and related categories



Theme HW1: Optimising their professional role (Figure 5.6)

Health education outreach

The health workers felt that it was their professional responsibility to provide effective education to these women, in order for them to be able to make an informed decision on their use of health programmes. They felt that utilising every available opportunity to reach out to these women should be grasped.

“In the clinical area especially in the children’s ward because is very common in malaria attack so we educate the mothers on the use and the effectiveness of this mosquito net for them to use it” (Nurse N).

The August meeting, a significant season in Igbo worldview, was also seen as such an opportunity. At this time all women, and those in the Diaspora, are expected to come home to Nigeria to discuss contemporary challenges threatening their existence as a people (see Chapter 2).

“....in the village during the August meeting where you meet many women, I still advise and teach them about the importance of this mosquito net and its effectiveness in the management and prevention of malaria....” (Health worker at Nsukka).

Another health worker pointed out the enormous significance of reaching out to women and mothers.

“You know in a community, once you get mothers, is assume that you have gotten the whole community because the mother will go and hang the net, the children, and even the husband, they will all sleep under it that is the major reason that they focused on mothers.... mothers.... mothers” (Health worker from Nsukka)

The women themselves affirmed that the health workers’ continuity in dissemination of health messages about malaria prevention would increase their understanding and knowledge about how to use ITNs correctly,

“Creating awareness is something that they should continue doing often and often because we have enough health workers who can be giving us this knowledge...sometimes you go to... like in my other village.... the other time I went home and I saw people using this net.... I don’t know whether is curtain I will call it.... they just cut it

and place it in a bar where they are selling wine....” (34-year-old pregnant mother from Nsukka T4).

However, the possibility of a discrepancy between what the health workers advocated and what actually happened was remarked upon.

“They just gave me net....they only asked if I have collected the net and they gave me net and I signed. They filled my address and name, so I didn’t feel like asking them question...because I have gotten the question... the information.... I have known the important of that net but they are the people that should come and say, ‘Have you collected the net ...’no’ or ‘yes’ OK; do you know why we are giving this net? ‘No’.... use it for this...this and this.... the net will help to do this and that.’ But they don’t do that.” (34-year-old pregnant mother from Nsukka T4).

Thus, there was a strong sense that effective use of ITNs was dependent on the amount and consistency of information received from the health workers. But also, the health workers’ talk was a reminder of the importance of encouraging the women to give proper consideration to health education messages, alongside their faith in traditional remedies.

Advocating for quality and quantity

There was a feeling that the chemical used in treating the nets was an irritant to the users, which limited their use. Allergy to the chemical was a problem reflected in the women’s accounts in Section 1. The health workers’ opinion was that the net manufacturers should consider the adjustment of net structure, and other types of insecticide, which more people could tolerate.

“Those of us that are allergic to that net as we are telling the UNICEF to adjust the make of the net. They should also make provision for those that don’t like the net and get odourless insecticide for them” (Nurse N).

“So that all these irritants that are dangerous to the body they should try as much as possible to delete them from the content so that people can use it and use it free without any effect” (Nurse M).

Notwithstanding chemical tolerance, the health workers' pointed out that if the nets were supplied in sufficient quantity, everyone, including the hospital staff, would have the opportunity of getting access to them, especially in the hospital environment.

"You will have the opportunity of giving it to every patient that comes and even the staff because they are human beings. So these are the things. So that is it..." (Nurse M).

Ensuring safe medication

Linked to health education was the fact that women sometimes indulged in self-medication, which could result in major complications in pregnancy. The health workers saw themselves as important intermediaries, responsible for providing adequate health information on drug use, especially in preventing malaria during pregnancy, as well as other health issues.

"You cannot use net to sew a cloth and wear it and go around so that mosquito will not bite you.... we are giving drug so that when they get malaria attack ... drug will help prevent malaria (Nurse F).

Health workers pointed out that the many new types of drugs coming out required expert dosage. Uninformed misuse of the drugs could result in increased malaria drug resistance. They emphasized that giving these new drugs requires adequate knowledge on anatomy and physiology of pregnancy,

"Formerly we use to take Sunday.... Sunday medicine and daraprime but researchers have proved us wrong that we no longer give it and has brought an alternative.... sulfadoxine pyremithamine that we give two doses at monthly interval but make sure that whenever we are giving it to the mother, the mother must be above 16th weeks of pregnancy" (Nurse M).

Giving encouragement and motivation

An important aspect of their role as health workers was considered to be providing encouragement and motivation for service users. Despite anxiety and discomfort they believed it was important that women protect themselves, and their unborn babies from the effects of malaria.

“Normally pregnant woman experiences a lot of heat but knowing the effect malaria could have on her and her pregnancy, I encouraged her to try as much as possible to be making use of the net” (Nurse G).

It was interesting to hear that some people equated expense with effectiveness. The health workers saw a need to demystify assumptions that free products were not worth having. They wanted the women to see ITN as a useful and effective measure for malaria prevention.

“I do explain to them the need that they shouldn’t look at it as something that is not useful and is not sold in the market because our people when they don’t buy something with large amount of money they feel is not useful. That they should know is useful that it really works and they should try and use it” (Nurse F).

One of the challenges women voiced was fixing the net in place. The health workers talked about the value of pictures and diagrams, in disseminating health education information, that could be understood and which would have a lasting effect. Demonstrations of different ways nets could be used and fixed would help.

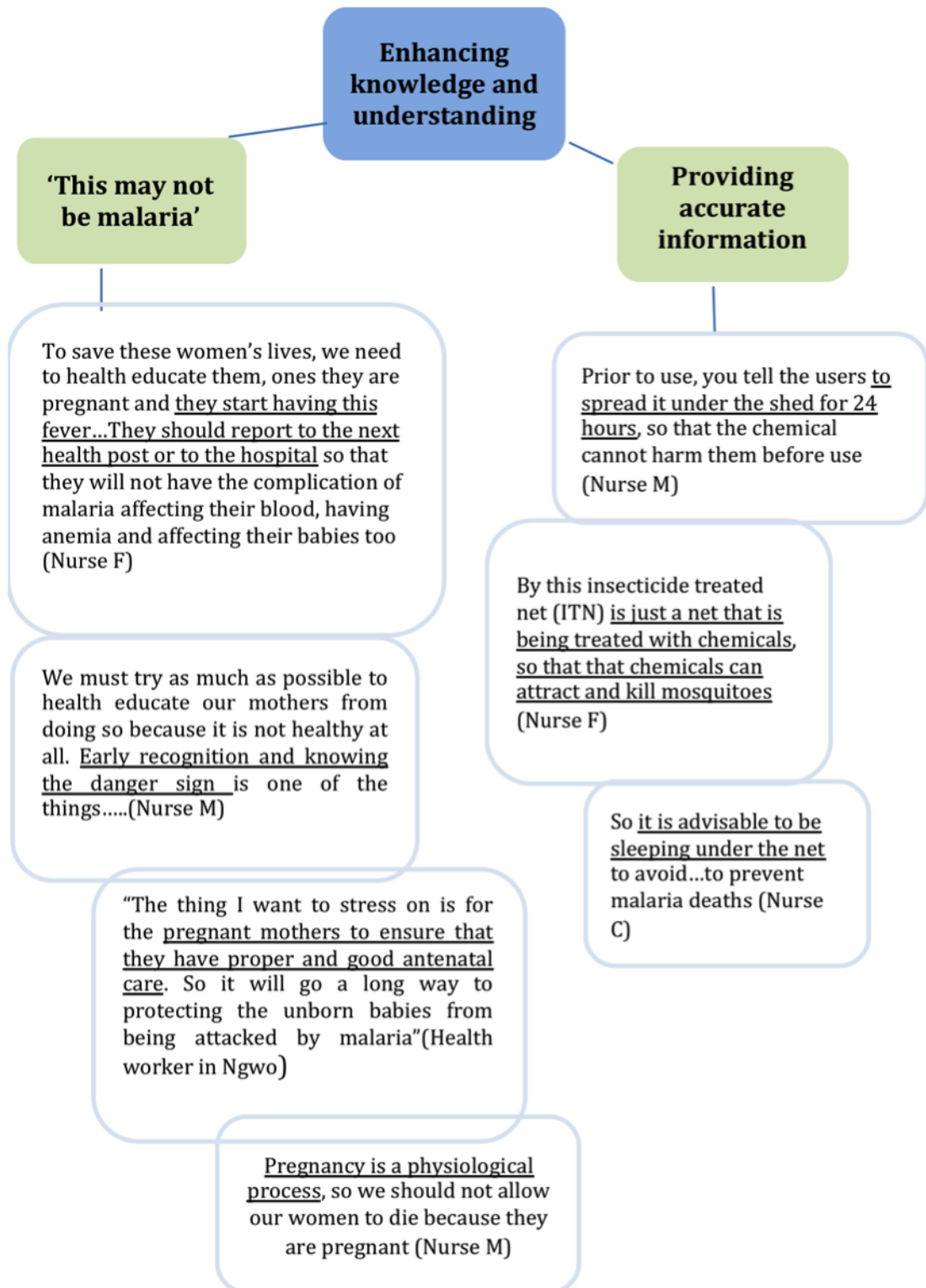
“We teach them on how to hang it without using the stick. You put the foam on the ground; we show them a picture on how foam was on a ground. We use rope.... you tie rope on the ceiling, we use small nail” (Nurse O).

Theme HW2: Enhancing knowledge and understanding (Figure 5.7)

‘This may not be malaria’

One of the main discomforts in the life of expectant mothers is the physiological changes experienced during pregnancy. There is a presumption that every feverish condition is a malaria attack. Women tend to handle such conditions their way instead of visiting the hospital early, by either using homemade remedies or patronising drug sellers, which may eventually result in major complications or death.

Figure 5.7: Theme HW2 and related categories



“To save these women’s lives, we need to health educate them, ones they are pregnant and they start having this fever...They should report to the next health post or to the hospital so that they will not have the complication of malaria affecting their blood, having anaemia and affecting their babies too” (Nurse F).

They emphasised the importance of raising awareness of early antenatal care, to avert the impending danger due to delay, because some women may not have the professional knowledge of the mechanism and physiological process of pregnancy, thereby endangering their own lives and their unborn babies.

“We must try as much as possible to health educate our mothers from doing so because it is not healthy at all. Early recognition and knowing the danger sign is one of the things....”(Nurse M).

“The thing I want to stress on is for the pregnant mothers to ensure that they have proper and good antenatal care. So it will go a long way to protecting the unborn babies from being attacked by malaria” (Health worker in Ngwo).

“Pregnancy is a physiological process, so we should not allow our women to die because they are pregnant” (Nurse M).

Providing accurate information

The women had expressed fear about the danger of sleeping under the net, which resulted in deaths in some families. Invariably, this influenced their attitude towards ITNs. The health workers felt that women should be guided by accurate information about possible harm and how to avoid it.

“Prior to use, you tell the users to spread it under the shed for 24 hours, so that the chemical cannot harm them before use (Nurse M).

The structure, content and the functionality of the net, should be explained explicitly.

“By this insecticide treated net (ITN) is just a net that is being treated with chemicals, so that that chemicals can attract and kill mosquitoes” (Nurse F).

The need to sleep under the net was re-emphasised.

“So it is advisable to be sleeping under the net to avoid...to prevent malaria deaths” (Nurse C).

Theme HW3: Grappling with systems and structures (Figures 5.8 a and b)

‘Stuck in the middle’

The health workers felt their helplessness in being ‘stuck in the middle’ as a result of inconsistencies in Nigeria’s health promotion programme. In their opinion there was a lack of strong will in the government to strengthen the malaria control programme. The inconsistency and unsustainability evident in the system made the current malaria prevention programme difficult to achieve. There was a sense that successful programmes require commitment and sustenance to ease the work of health workers, and promote the use of the ITN.

“The government... even the local government should come out in full strength and make sure that this net is in steady supply because that is the problem we have with Nigeria with the programmes” (Nurse M).

“They will bring a very lofty idea with programmes but before you know it pia pia pia pia piam the programme is gone (Interpreter; this means with a twinkle of an eye the programme is gone) the whole thing dies down” (Nurse M).

The health workers pointed out their struggle with bureaucratic procedures involved in procuring or accessing the nets. And even when supplied, the quantity was limited in relation to the number of people in need. The health workers expressed their frustration that people did not understand their difficulties, or see things more from their perspective. People did not see the realities involved in the distribution of ITN.

“We may look at it from another angle because right now the net are being supplied but in this establishment, we don’t get enough to give to our mothers and their babies and be able to go round the hospital unless on demand or special write up to inform them and to increase our quota to be able to get to the medical, surgical and make sure that everybody gets one net or the other” (Nurse F).

Figure 5.8a: Theme HW3 and related categories

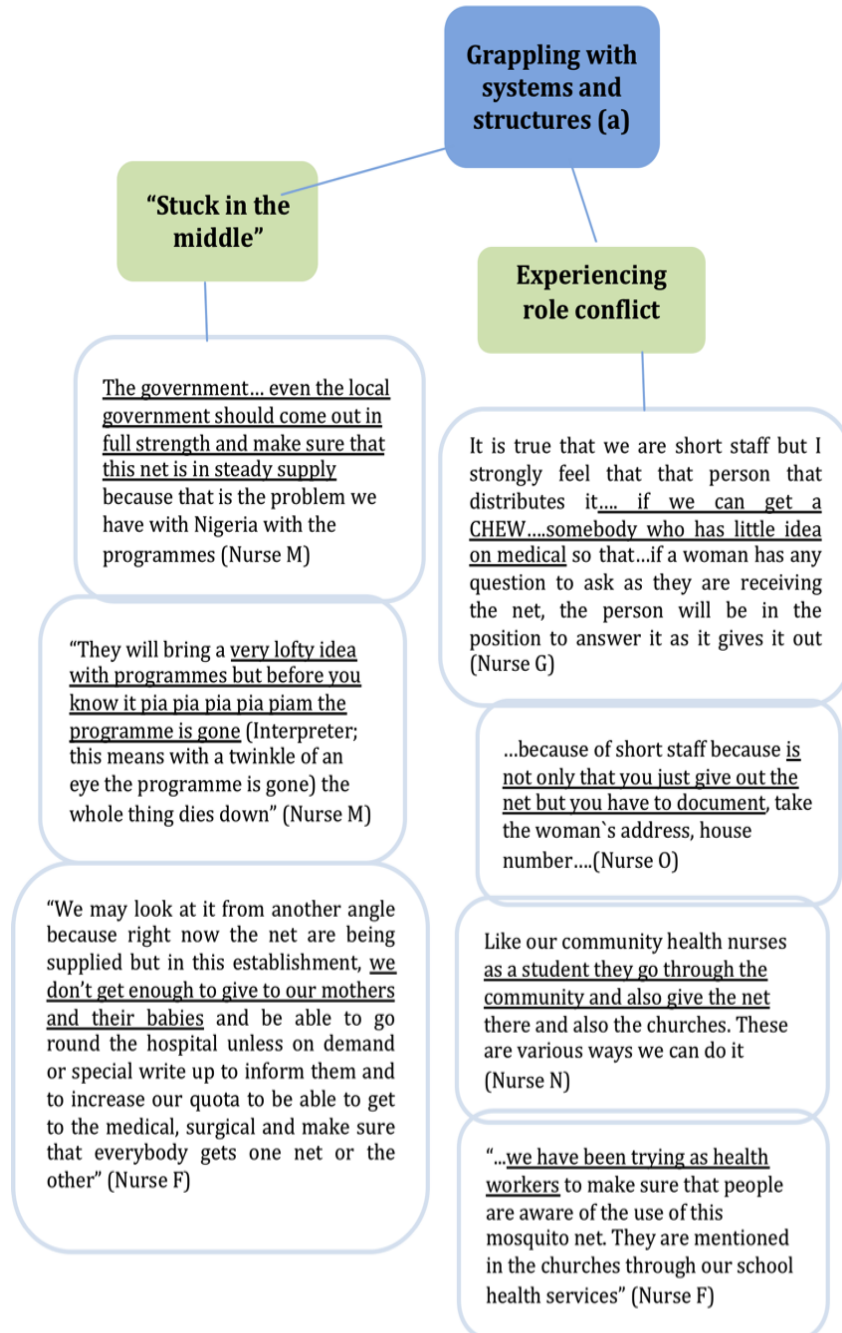
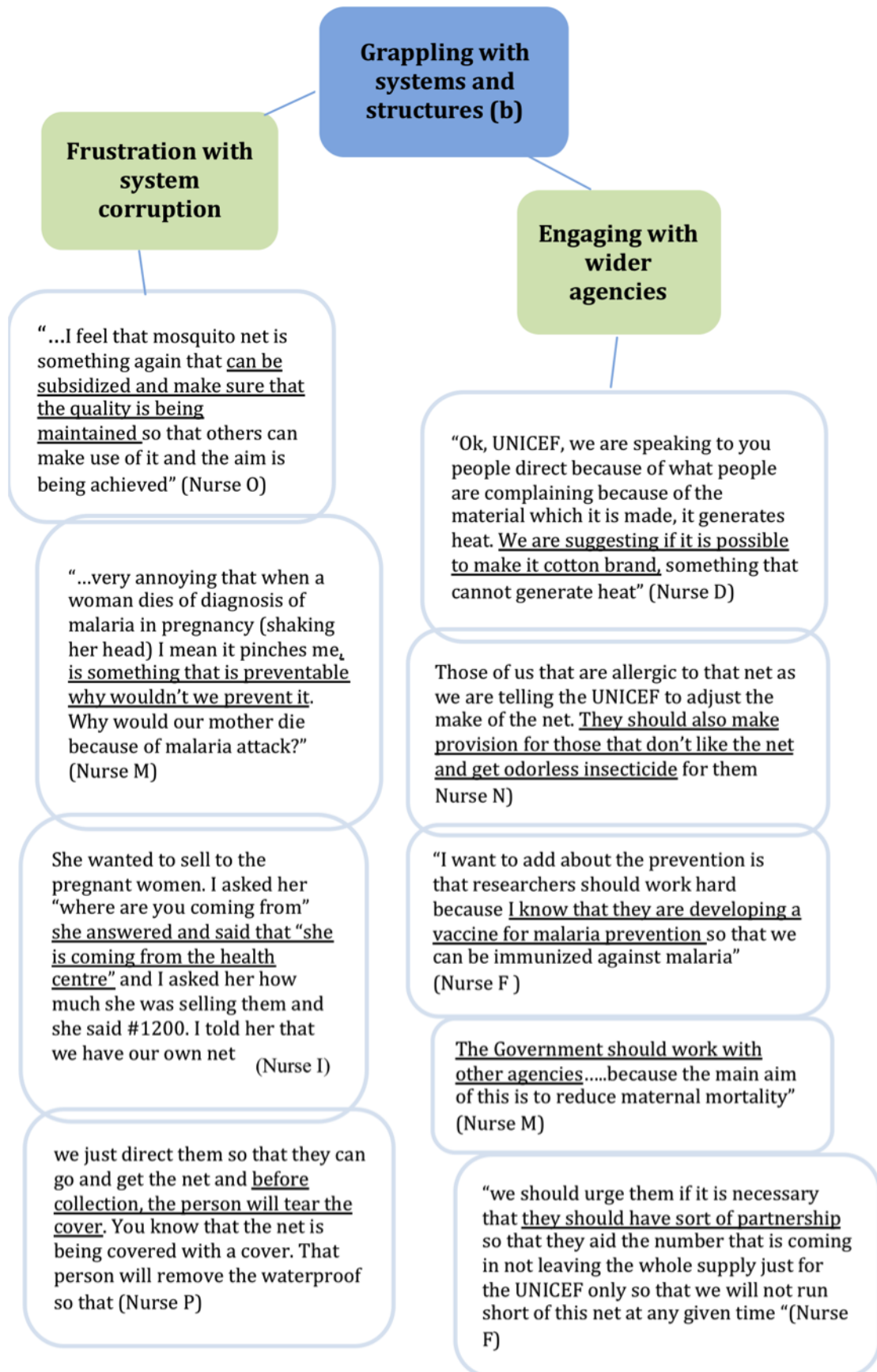


Figure 5.8b: Theme HW3 and related categories



Experiencing role conflict

Linked to ‘stuck in the middle’ was the conflicting role experienced by the health workers. They saw their clinical responsibilities compromised by their administrative burden. They believed that improving or diversifying the work force would improve the system.

“It is true that we are short staff but I strongly feel that that person that distributes it.... if we can get a CHEW.... somebody who has little idea on medical so that...if a woman has any question to ask as they are receiving the net, the person will be in the position to answer it as it gives it out” (Nurse G).

“...because of short staff because is not only that you just give out the net but you have to document, take the woman’s address, house number....” (Nurse O).

“Like our community health nurses as a student they go through the community and also give the net there and also the churches. These are various ways we can do it” (Nurse N).

They also talked about their persistent efforts to increase awareness despite this conflict.

“...we have been trying as health workers to make sure that people are aware of the use of this mosquito net. They are mentioned in the churches through our school health services” (Nurse F).

Frustration with system corruption

The health workers felt that there was exploitation clearly visible in the system. There were notable disparities in accessing and distribution of high quality nets. The government or middlemen put a price tag on the supposedly free nets, and sometimes provided substandard nets. However, they felt that it was still practicable and possible to change this dishonest approach and make nets available, affordable and of high quality.

“...I feel that mosquito net is something again that can be subsidized and make sure that the quality is being maintained so that others can make use of it and the aim is being achieved” (Nurse O)

One health worker expressed anger at the lackadaisical attitude of the government towards saving the lives of women and their unborn babies.

“...very annoying that when a woman dies of diagnosis of malaria in pregnancy (shaking her head) I mean it pinches me, is something that is preventable why wouldn't we prevent it. Why would our mother die because of malaria attack?” (Nurse M).

The health workers felt that corruption influenced people's behaviour. It affected all the government sectors as well as individuals. There was a feeling that people had devised many ways to get round the system.

“She wanted to sell to the pregnant women. I asked her “where are you coming from” she answered and said that “she is coming from the health centre” and I asked her how much she was selling them and she said #1200. I told her that we have our own net” (Nurse I).

On the issue of corruption, the health workers summed up by describing the strategies they employed to make people use their nets instead of selling them.

“we just direct them so that they can go and get the net and before collection, the person will tear the cover. You know that the net is being covered with a cover. That person will remove the waterproof so that, it will now ginger the mother to use the net if the net is naked” (Nurse P).

Engaging with wider agencies

As Section 1 indicated, there was quite a large degree of disagreement and complaint amongst the women about the use of ITN. Most participants complained of heat and suffocation, while others complained of irritation. The health workers' views on partnership between government and wider aid agencies reflected this. They felt that better communication between the two would improve government understanding of the environmental context and pressures that people face in their local communities, as well as increasing availability and accessibility.

“OK, UNICEF, we are speaking to you people direct because of what people are complaining because of the material which it is

made, it generates heat. We are suggesting if it is possible to make it cotton brand, something that cannot generate heat” (Nurse D).

“Those of us that are allergic to that net as we are telling the UNICEF to adjust the make of the net. They should also make provision for those that don’t like the net and get odorless insecticide for them” (Nurse N).

“...we should urge them if it is necessary that they should have sort of partnership so that they aid the number that is coming in not leaving the whole supply just for the UNICEF only so that we will not run short of this net at any given time “(Nurse F).

Nurse F acknowledged the need for more research to find a more feasible, stress free and environmentally friendly approach for malaria prevention.

“I want to add about the prevention is that researchers should work hard because I know that they are developing a vaccine for malaria prevention so that we can be immunized against malaria” (Nurse F).

The health workers faced similar physical, emotional and social challenges as the women they worked to support. But this section of the analysis has shown the additional battle they fight as professionals, alongside their personal struggles against the threat of malaria.

Discussion of thematic analysis

The two themes which I identified in the women’s accounts namely, ‘Reasons for using ITNs’ and ‘Reasons for not using ITNs’ position the nets as equipment to be used or not used for a particular purpose. In this respect they could be thought of in a Heideggerian way as entities or ‘things’ ‘ready-to-hand’ (see Chapter 4). Through concern for these things, talked about in terms of their explanations (sub-themes and categories) for using or not using, the women struggled to make sense of their everyday reality.

Every entity that is ‘to hand’ has a *different* closeness, which is not to be ascertained by measuring distances. This closeness regulates itself in terms of ‘calculative’ manipulating and using...Equipment has its *place*...Places either get allotted in the circumstances of concern or we come across them. Thus, anything constantly ready-

to-hand of which circumspective Being-in-the world takes account beforehand, has its place. (pages 135-137: SZ I.iii,102-104, *original emphases*)

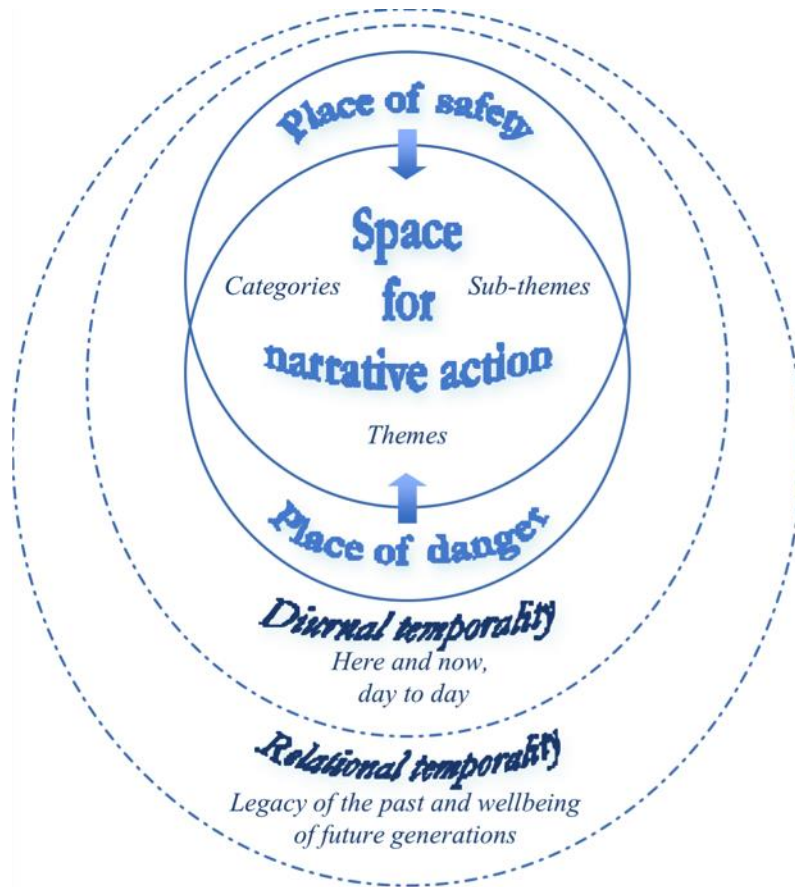
Directionality is a characteristic of Heidegger's explanation of place, "*The 'above' is what is on the ceiling; the 'below' is what is 'on the floor'*" (ibid). In other words place involves potential for movement such as inside/outside, access/exclusion, limit/possibility. This led me to identify two further themes, which I consider as **integrative themes** (Brooks and McCluskey et al 2015), which I felt were a backdrop to the wider discussion across the thematic elements discussed above. I used these as the basis for a spatio-temporal orientation of the thematic analysis (Figure 5.9).

Spatiality

These two additional themes described the ITN as a **place of safety** and a **place of danger**. Inasmuch as the women recognized and advocated amongst themselves for everyone to have access to and to take advantage of the safe haven bounded by their own net, at the same time the net as a place of potential danger to personal health and wellbeing was always considered. This embodied understanding was represented by having to weigh their internal physiological safety, against the external physical discomforts of heat, lack of air, itching, and in both cases there was potential for death. Through their talk the women perceived themselves and their families as 'insiders' and at the same time 'outsiders' in relation to these two places. Again this can also be thought of as a relationship of closeness and distance to what matters in their lived experience.

Sometimes, however, the lived distance is at once too short and too wide: the majority of events cease to count for me, whereas the nearest ones consume me. They envelop me like the night, and they rob me of individuality and freedom. I can literally no longer breathe. I am possessed. (*Merleau-Ponty 2012/1945, page 299*)

Figure 5.9: Spatio-temporal orientation of thematic analysis



So although the major concerns about malaria were very important, the women were possessed by the bodily discomforts that were nearest to hand. These ideas of safety and danger could also be applied to their psychological health and wellbeing in terms of love/happiness/peace or the anger/frustration/unhappiness generated by the socio-political context of ITN availability and distribution, which positioned the nets as more or less ready-to-hand.

...lived anxiety, lived joy, and lived pain related to a place in objective space where their empirical conditions are found.
(Merleau-Ponty 2012/1945, page 301)

However, Merleau-Ponty points out that reflecting on lived-experience in only objective ways limits the flexible spatial horizons that are necessary for trying to reach some sense of understanding of lived experience. He compares

“spatialized” space with “spatializing” space (page 254). Making a difference between ‘place’ and ‘space’ is a way to think about this. De Certeau 1988, (page 118) describes a ‘space’ is “a practiced place” that is created by the interaction of directional activity and time variables. So, in Figure 5.9 the tension between moving between ‘place of safety’ and ‘place of danger’ opens up a ‘space’ for narrative action where different positions and ways of being in relation to malaria can be brought into the open and explored. For the health workers the tension between these two practiced places represented the narrated space of their professional practice. For as much as they advocated for the ITN as a place of safety to the women, they recognized the contextuality of the women’s decision-making for or against its use, and sought to advocate for recognition of this contextuality among wider influential stakeholders. And again these ideas of safety and danger might apply to their psychological health and wellbeing, in terms of the role conflict and frustration generated by their struggle as professionals in the socio-political context of ITN availability and distribution. This situation positioned the nets as more or less ready-to-hand to themselves, as a source of relief and support to the women.

This communion of place and space is analogous to the two planes of human being in Igbo ontology, physical and the spiritual, referred to in Chapter 2, which are not seen as physically separated by distance or time, but which form a plane of human action (Nwoye 2011). And the practice represented in this space or plane of action that formed the two sections of this chapter, oscillated away from and towards, into and beyond, the immediate horizon of understanding of the women, the health workers, and myself as we talked.

Temporality

Chapter 2 described how, in temporal terms, death was not a final stop to life in Igbo cosmology. I interpreted two orientations to time in the women’s and the health workers’ talk, the first I defined as ‘diurnal.’ I considered that this related to the idea of ‘place’ because it was very caught up in their bodily understanding of ITN through physical distress and discomfort on a daily basis, and the longing

for a peaceful night's sleep. Getting through the night was a temporal framework for this talk.

“ I cannot sleep without using this insecticide treated net. I have discovered that when I use this insecticide treated net, I sleep like a baby.” (FGD in Amechi).

“...each time I tried to sleep under this mosquito net, I feel as if I am being smouldered. I feel as if I am being suffocated.” (Health worker in Nsukka)

I identified a second temporal orientation as ‘relational time’ because it reflected, on one hand, their talk about their immediate here and now, ‘being with’ their children and families, and trying to create a safe environment. In the conversation at the start of this chapter Lillian emphasized the pivotal role of women in this.

“They said if the home is good depends on women and if is not good, depends on the women...we women have to try and just make sure that our environments are kept clean and neat.”(Lillian)

But it also related to what had been lost from the past in terms of quality of life, as well as what had been handed down in terms of folk wisdom and remedies.

“Those chemicals and foreign methods cause the problem we are having these days. Anybody that stays up to seventy has lived long. Before they live up to 120...130 years of age, still believe have not fulfilled their mission!” (FGD in Nsukka)

But also, very importantly, this relational orientation looked to the future. So while they themselves as women and health workers, had much responsibility, and should do their best to exercise this in their immediate environment as far as they could, wider society, government and the international community should shoulder their share of responsibility to protect the mothers of as yet unborn generations. In Lillian's words, “all hands should be on the deck.”

“We are calling on you people to come and help us to prevent the deaths of our mothers....” (Health worker in Nsukka)

Summary of thematic analysis

Baynham (2003) points out that spatial and temporal practices are never neutral and are most likely the focus of social struggle. This chapter has borne witness to that view through the words of the individual participants who explained their life-world experiences to me, and I return it in Chapter 8. The next chapter turns the focus away from human individuals and centres on the notion of ‘story’ as a participant in the research process, and the work it can do to enhance the spatio-temporal understanding of the social struggle against malaria from an African Womanist perspective.

CHAPTER 6

FINDINGS 2:

I WILL PRAISE MYSELF”

“M GA-ETO ONWE M”

<i>I see everything I'm the light Deserve I a Knight</i>	<i>I'm the boulevard of life Bushy track decorate'd for life</i>
<i>Hear I everything before it happens I need honour to strengthen</i>	<i>I'm the wise and unwise nature I'm the maturity amateur</i>
<i>Oh! The vehicle is not recognized I'm the pillar who should be recognized</i>	<i>The body's meeting Is the meeting of unconscious minding</i>
<i>I feed and supply to everyone Without dereliction to anyone</i>	<i>Insensate sentient The meeting of disparagement</i>
<i>I'm the food basket Who needs respect</i>	<i>A camouflage equity A visible egocentricity</i>
<i>I'm the mirror that attracts Even in narrow tracks</i>	<i>Then, the meeting of inequity Now the meeting of equity</i>
<i>I'm a room that embodies thy speaker Used thy to conquer</i>	

Precious Oporum (2016)

Introduction

In the previous chapter I presented findings according to topics raised by the participants, in individual interviews and focus groups during the first field trip in 2014, and identified themes from our discussion. These themes resonated with the existing research and policy literature related to malaria prevention in Nigeria, and the specific issue of ITNs. In the spring of 2015 I made a second field trip, to talk with a smaller group of mothers and health workers, who had been part of Phase 1, about my ongoing interpretation and explore with them some of the issues raised. I used the poster presentation from the 2014

International Conference on Nursing and Healthcare, Chicago USA (Appendix 6) as a starting point for discussion. For the later analysis of this conversation I focused attention on two stories that were embedded in the focus group transcripts. In this chapter I allow these stories as shared by two group participants to take over the work of analysis as actors in the research. Doing this was sympathetic to Heidegger's opinion that for the most part discourse is expressed by being spoken out in language as "idle talk...which constitutes the kind of Being of everyday Dasein's understanding and interpreting," BT 168: 211), and Gadamer's approach to exploring meaning through the to and fro of conversation between the speakers and listeners. As the chapter will show the stories echo the conflicting sentiments of poet Precious Oporum's opening words to this chapter: *The vehicle is not recognized // I'm the pillar who should be recognized // A camouflage equity // A visible egocentricity.*

What is a story?

Many writers have given their explanations of what a story is, for example:

...an embedded and fragmented process in which gaps are filled in by the teller and audience. (Alvarez and Urla 2002, page 40).

An account, relatively detached from surrounding talk and activity. (Ochs and Capps 2001, page 20).

Stories...like the lives they tell about, are always open-ended, inconclusive, and ambiguous...Some are big; others are little. (Denzin 2014, page5)

Verbally, big stories such as life histories and autobiography are usually told in interview contexts (Baynham 2005). Small stories mostly occur during ordinary conversation and are about everyday, very localized or mundane events. Georgakopoulou (2006) describes small stories as "narratives-in-interaction"

...atypical narrative activities, such as tellings of ongoing events, future or hypothetical events, shared (known) events, but also allusions to tellings, deferrals of tellings, and refusals to tell. (Page 2)

Narrative and socio-narratology

Generally speaking, stories involve retelling of personal happenings and experiences. When these stories are analysed or interpreted in some way they become narratives. Narratology is defined as the structuralist study of narrative and researchers have found that to qualify as a narrative certain underlying narrative structures are always present.

In fact, people with widely different cultural backgrounds often identify the same given sets of symbols as narratives and consider others as nonnarratives, and they often tell narratives that are very similar. (Prince 1982, page 179)

For example, the writing of Joseph Campbell (1949) about world myths and the heroic journey suggested that the character of ‘the hero’ is common to every culture in the world,

“A hero ventures forth from the world of common day into a region of supernatural wonder: fabulous forces are there encountered and a decisive victory is won: the hero comes from this mysterious adventure with the power to bestow boons on his fellow man” (1949, 1973)

In other words on an everyday level, people face problems, struggle with them, and overcome them as best they can. Further criteria to define what is a narrative have been described. Herman (2009) suggests three criteria of narrative: event sequencing, world-disruption, and situatedness of the narrated events. However, Georgakopoulou (2015) suggests *world-making* as a better alternative to world-disruption in some contexts. I would also suggest ‘*life-world making*’ as another. Typically, narrative analysis approaches stories as a way to make sense of individual lives or theorise identity by focusing on the narrator of the story and her/his way of retelling the events (Baynham 2003). Such analysis is often very structured, such as in Labov’s (1972) ‘model of natural narrative’ (Table 6.1), which is based on structural linguistics, it is most commonly used because its sequence of stages seems to create a fully formed structure with a beginning and an end. But Denzin (2014, page 36) suggests that this type of analysis tends to “freeze events and lived experiences into rigid sequences” predetermined by the analyst.

Table 6.1 Labov’s Model of Natural Narrative

Narrative category	Narrative question	Narrative function	Linguistic form
ABSTRACT	What is the story about?	Signals the start of the story	A short summarizing statement
ORIENTATION	Who/what is involved and when/where did it take place?	Helps the listener to situate the story	Past continuous verbs
COMPLICATING ACTION	Then what happened?	The core narrative account of events	Temporally ordered narrative clauses. Simple past/present verbs
RESOLUTION	What finally happened?	Recapitulates the final key event	The last narrative clause of the Complicating Action
EVALUATION	So what?	Makes the point of the story clear	Includes evaluative commentary, repetition, embedded speech
CODA	How does it all end?	Signals the story has ended	Includes evaluative commentary, repetition, embedded speech

Socio-narratology, as proposed by Frank (2010), is not so concerned with what stories reveal about the mind of the storyteller but is more interested in seeing the story as a living actor. So, socio-narratology uses stories to understand how life becomes social in terms of their location, how seriously they are taken, and how they are exchanged as tokens of membership within communities. He describes the ways stories achieve this in terms of a repertoire of “capacities” (see below). He emphasises that these are not exhaustive, and points out that,

(No) threshold number of these capacities marks qualification for being a story. Stories, to be stories, must have a *sufficient* (original emphasis) number...and sufficiency depends on how the capacities are used, as well as the tolerances of those who receive the story. (Page 28)

Working with the participants' stories¹

When we decide to use stories Frank (2010) says we should consider what we want to do with them. The phenomenon of interest in this study is the lived experience of protecting the family from malaria through the use of ITNs. In Chapter 5 I used thematic analysis to map out what appeared to be key pieces of experience associated with acquiring, using and understanding the use of ITNs. So the maps were useful in pointing people in the right direction and by identifying any obstacles. But I also remembered that phenomenologically I wanted to explore how the women tried to make sense of things in terms of their everyday concerns and goals. As Heidegger pointed out we understand ourselves, and our existence, through the everyday activities we pursue and the things we care about. So I wanted to see how stories could provide a different point of departure in my thoughtful interaction with what the women had to say about their malaria experiences. So in this chapter I wanted to carry on thinking *about* the larger story of malaria prevention, but I will show how I used small, tangential stories as a tool to think *with*.

The Story of Nneka's Bed

Nneka's story was told in consequence of the following exchange between myself, and a small group of mothers and health workers, during that second field trip. We met to talk about the themes I had identified in my conference poster. In the previous year's discussions, one mother had explained,

“.... they (distributors) will give some and hide some....they will hoard the net and later on they will start selling it...” (28 year old mother)

Now, wanting to talk some more about the issue of why mothers and their families were not using ITNs I asked, “Could you explain why some homes use the net while others are not using it?”

¹ The findings reported in this chapter were presented at the 2015 International Conference on Nursing and Healthcare in San Francisco, USA.

Grace: “Depending on the husband’s choice. If husband disapproves it....that’s it. If (this is not accepted) there will be conflict.”

Anastasia: “Apart from the net, could someone talk about any issue at home that conflict exists between you and your husband and how you resolved it?”

This led Nneka to tell this story:

“Let me tell us this, in the past, there was a bed that we were using. Incidentally, this bed got sagged. Each time I sleep and wake up in the morning, I feel miserable because of aches and pains in my body....my whole body will be paining me. So I presented it to my husband....I said to him, “Don’t you think that there is the need to change this bed at least to a firmer one?”. He refused and said, “Is this one not bed.....what are we doing with another bed?”. After arguing, I tried to continue to convince him that it is for my own good and your own good. He said he feels very OK with it. We kept arguing about it. He later said, “If you have the money....go on and do it.” I now went and got a firmer bed with big mattress and we started sleeping on it. So one day I started to have a joke of him and I said, “How are you feeling?” He said, “it is true Oh, this bed is OK and I feel better.”

Apart from the fact that it has not got a clear ‘coda’, Nneka’s story fits very well into Labov’s narrative structure (Table 6.2). This ‘frozen’ structure makes it easy to limit what is paid attention to and what we might say about it. In particular, the story goes to confirm Grace’s opinion that in some cases it is the husband who is the barrier to his wife and children benefitting from having an ITN. But thinking about it in terms of ‘being’ the orientation of Nneka’s story is spatial in terms of her external physical place (the sagging bed) and her internal bodily sensation (her aches and pains). These two locations are spatially different in that the bed is the ‘being-there’ of the experience and the aches and pains are the ‘being-in’ of the experience. If these two things are thought about in combination they can be thought to create a space for the action that follows. In

other words, "...space is a practiced place," Baynham (2003, page 350). Nneka's core narrative is temporal in terms of the here-and-now of the immediate life-world of her relationship with her husband. But can we see an ambiguity in the narrative? Nneka argues on the basis that the bed will be good for both of them, but her husband has no discomfort and overrules her on that basis. But although it might seem that she is subjugated, in fact, she is not completely so because she has her own money and her husband is happy for her to use it. Therefore, the situation is resolved to their mutual satisfaction, the point of the story being that family harmony and good humour were not compromised. The 'evaluation' as identified by me as the reader also reinforces the traditional Igbo marital roles identified in Chapter 2.

Table 6.2: Narrative structure of Nneka's

Abstract: what the story is about	<i>"Let me tell us this, in the past, there was a bed that we were using. Incidentally, this bed got sagged."</i>
Orientation: establishes situation, context	<i>Each time I sleep and wake up in the morning, I feel miserable because of aches and pains in my body....my whole body will be painning me.</i>
Complication: core narrative, main account of events	<i>So I presented it to my husband....I said to him, "Don't you think that there is the need to change this bed at least to a firmer one?". He refused and said, "Is this one not bed.....what are we doing with another bed?". After arguing, I tried to continue to convince him that it is for my own good and your own good. He said he feels very OK with it. We kept arguing about it. He later said, "If you have the money....go on and do it."</i>
Resolution: outcome, what finally happened	<i>I now went and got a firmer bed with big mattress and we started sleeping on it.</i>
Evaluation: So what? Highlights the point of the story	<i>So one day I started to have a joke of him and I said, "How are you feeling?" He said, "it is true Oh, this bed is OK and I feel better."</i>

In Frank's opinion this approach "puts a monological seal on belief in the story's point rather than qualifying or complicating belief, opening dialogue" (2010,

page 151.) Therefore, in his socio-narratology he refers to “dialogical narrative analysis” (page 86) as an approach to interpretation that does not seek to finalize stories or cut off dialogue. I find this fits well with my methodological approach in terms of Gadamer’s words cited in Chapter 2,

....when we speak to one another we do not so much as transmit well-defined facts, as place out own aspirations and knowledge into a broader and richer horizon through dialogue with the other.
(Gadamer 1986, page 106)

And in Frank’s approach, the ‘other’ is the story as well as the human storytellers. Because of this I had to think about how it was best to show how the story took part in the conversation, by bringing the malaria concern closer to hand through the ensuing dialogue, which it brought about. This would give credibility to the interpretation (Adams 2008, Mello 2002). Therefore, before presenting a dialogical analysis I present an extended segment of the focus group transcript, which lets the women and the story speak for themselves.

Anastasia: Could you explain why some homes use the net while others are not using it?

Grace: Depending on the husband’s choice. If husband disapproves it....that’s it. If not there will be conflict

Anastasia: Apart from the net, could someone talk about any issue at home that conflict exists between you and your husband and how you resolved it?

Nneka: A lot of issues

Nneka: Let me tell us this, in the past, there was a bed that we were using. Incidentally, this bed got sagged. Each time I sleep and wake up in the morning, I feel miserable because of aches and pains in my body....my whole body will be paining me. So I presented it to my husband....i said to him “don’t you think that there is the need to change this bed at least to a firmer one”. He refused and said “is this one not bed.....what are we doing with another bed”. After arguing, I tried to continue to convince him that it is for my own good and your own good. He said he feels very ok with it. We kept arguing about it. He later said, if you have the money....go on and do it. I now went and got a firmer bed with big mattress and we started sleeping on it. So one day I started to have a joke of him and I said; how are you feeling? He said, “It is true. Ooh, this bed is OK and I feel better”

Anastasia: What do you think that made her succeed in sorting out the issue?

Chika: She was able to sort out this because she is working and has her own money. Telling him before buying it is just a necessary thing to do because he is the man of the house and you have to show some respect

Anastasia: What if you are not working and you don’t have money, what do you think that will happen in that family?

Chika: The woman has to manage the one in the house because you don't have the money to buy and you are the one that is complaining. No alternative.....it means that the woman will continue to suffer and bear it because the man has already made up his mind.....since she doesn't have the money. That is exactly what will happen in that home

Grace: it is only when that problem is directly affect the man that he will be interested in it since he is the one bringing the money

Anastasia: Has there been any form of physical fight as this argument is going on?

Ifeoma: sometimes we do fight but you know that some of our men are very stubborn.....when you are nagging they will just keep to themselves and say "I am the man of the house, whatever I say stands and you better take your time or else...."

Linda: Some will even tell you that you dare not use your money to buy it unless I give you permission

Mary: Some will say that I married you and all you have belong to me. I will tell you what to do with that money and not you to decide

Nnenna: For me I use soft and bedroom voice and that has been working for me. Nagging does not work for me. My husband will say that nagging will never solve anything. Sometimes instead of nagging just use your soft and bedroom voice. I believe that would work out because that has worked out for me. Nagging will not do anything. Like my husband will say that when you finish nagging....go and do your wish. But when you now calm down and say please you know....at times it work out instead of fighting

All chuckling....."don't play with our men. Oooh.....they do whatever pleases them not as you want it"

Anastasia: Is this peculiar with Igbo men or just a general perception?

Nneka: Not only Igbo men but is typical to Nigerian men. They are too stubborn.....

Anastasia: How do you want women to fight this fight in other to succeed individually?

Ijeoma: I use petting style to win my fight because my husband is older than me. I can't even raise my voice on him not to talk of fighting....he will just kill me. Sometimes I will just start crying....he doesn't like seeing me crying. He will just do whatever I asked him anytime he sees me crying

Mary: That's exactly what I use on him. If he sees me crying, he will just answer me

Blessing: knowing your man and how to get him is the best strategy. What works for A may not work for B. the best is to know your husband....study the situation and how to present it to him, the mood he is at that time matters a lot. Using another person's strategy may cause more problems

Linda: But hearing other people's strategy is good. That you can add to your own to help you sort out issues. I will use crying and petting because I have never apply that. I always talk and talk and talk before my needs are taken care of. Applying these strategies will reduce the time I spent talking to my husband...sometimes it takes days even weeks before he listens. There is even an issue going on now that we are arguing about....may be if I apply these once I learnt today....I may get a breakthrough

Blessing: like if I want to get something from my husband because he likes argument and quarrelling....what I do is to keep quiet and never to answer him. I will just be looking at him, if he asks me anything I will just be looking at him without answering him. At night when he request for something I will just turn my back on him and wrap myself with wrapper. He will now ask me "what was that thing you requested for?" I will quickly tell him, he will then do it for me. I will ask him "why did you refuse to do it" and he will tell me

that "there was no money then but now there is money". This is the method I am using. My husband doesn't like me to keep silence

Ijeoma: I use that as well. Sometimes if he asks me anything I will just reply him somehow for example, "Honey good morning," I will reply and say, "What is good about the morning?" "Is anything the matter?" "Ask me again."

Grace: I think using the strategy that works for you and your husband is the best....study him and the situation on ground....what you want him to do....how best to present it and get your result. Like me I use my soft bedroom voice. I don't shout because my husband doesn't like shouting....it will look to him as if you are rubbing shoulder with him

Nneka: Let me add this; I was able to interview one woman during one programme we had in the past. I was opportune to interview this woman. She said that there was something she needed to do in her family and knowing who the husband is and what he can do....I use women weapon....I asked her, "What is women weapon?" She said she knows how to deal with him....that anytime she needs something and the husband start saying, "I won't do it," and all that....when it comes to night time for them to sleep....if he comes close to her she will jump out and push him and shout at him...."Don't ever touch me!" He will ask me, "Is it because of that thing you asked me to do?....OK no problem tomorrow I will do it."

All chuckled and laughed out loud as well

Blessing: That thing (sex) is one of women greatest weapon....if you use it...you see some of them crawling and begging you to allow him do it. He will promise you heaven and earth and all you requested from him, he will just answer you.

Chika: The problem with that is some men may promise you all that and even write cheque for you or that he will do this and that in the morning. In the morning when you remind him....he will say, "Did we discuss anything?" Some of these men are dangerous and deceptive....very difficult to handle.

Grace: Some men, if you refuse them...they will go out and do it with other women...small...small girls are outside there and they can easily get them. Some will even beat you up and force themselves on you and still have their way....there is nothing you can do about it.

Ijeoma: The thing is that denying your husband sex should not be persistent. My husband told me that I should stop denying him sex when he wants it if I want him to remain with me. I should never use it as a punishment on him. *All laughing*

Mary: It is like a formula....just use the formula that suits the occasion....know the formula that works for you and use it.

Linda: There is a town here where men go out and can sleep with number of women as they want but women are not allowed to do the same. Women can't punish their husbands with that. If any married woman goes out to sleep with another man she will definitely run mad. So if your husband is maltreating you or denying you sex because he wants to punish you....you have to remain with him or you give up your marriage. I believe this maltreatment is full of injustice and wickedness.

Grace: I think Nigerian society is fighting against this women caging and maltreatment through a lot of programmes now. Eeehm.... I think eehm empowering women is one way of doing this. I heard someone saying one day that she hates seeing women being maltreated in their houses. Sometimes you will find out that most of these women are handicapped....they cannot take decisions on their own. And the only way you can empower them is through education. And if they are learned they can handle some issues without seeking permission from their husbands. Like issue of family planning....if you are educated....you can easily work your way through without your husband knowing it. You can plan the number of children you want and you have them without your husband knowing about it. With this....you can't keep crying for your husband because he has

refused to give you money. You are pregnant you can't go for antenatal because your husband has refused to give you money, or even in the issue of buying net for malaria prevention. You must not be a working class before you have your way. Just find something doing so that you can take care of few of your needs. Like you need to buy soup ingredients....you don't need to wait for your husband to provide you with that. Women should not keep depending on their husbands.

Nneka: Yes, empowerment is the answer to women's suffering. When a woman is empowered even the husband will listen to her and sometimes tries to buy her over. Anything you said the man will take it....he sometimes makes boast about his wife among his friends. Women need to be empowered....they need to be educated because education brings positive empowerment. Is not all about education or going to school. There are things you can still do to empower yourself..."**Lizard said if I fall down from a tree and nobody praise me, I will praise myself!**"

Grace: Our women should start coming out from their closet. I am sorry to say that even the educated ones are not found in the public. They should come out....join politics and advocate for other women. They should not allow the ideology of 'women education ends in kitchen' to work on them or slow them down.

Blessing: You see this Nollywood actress by name Patience Ozokwor²...like the story she told about herself....she said that our women are so dogmatic; they will sit down in the house gossiping about irrelevant things. May be you didn't go to school or seen the four walls of a university but you will sit down in the yard and be gossiping, and creating problems for your husband and your children. She said they should get into concert. Some came up from little concert in the school and all that. She said, "What did I read.....but today I am a public figure."

Nnenna: I think the problem of inferiority complex is what is worrying us. We are too backward and find it difficult coming out....at times even some men suffer the same.

Ijeoma: Women should come and take the bull by the horn....look at somebody like "Oby"³.....advocating for women in the Aso rock. Talking to other women on some issues we face at home and how we overcome them is necessary. Something like the issue of using net....some women who sleep under the net sleep with cotton materials and leave their windows open to make the room airy thereby reducing heat.

Nneka: Empowering women through information on health benefit of using the net....by telling users that it does not really suffocates. Before using, follow instruction provided on the net use, open windows when sleeping under it...once your room is airy you will still get that quantity of air you want to get. Telling them is important because some of them are still ignorant of the health benefit. The ill effects of dying from malaria or being weigh down from malaria. When you weigh the two you will now decide on whether to use the net or suffer from malaria attack. Among the two devils you will now decide on which one is better.

Dialogical narrative analysis

² **Patience Ozokwor**, aka **Mama G**, is a veteran Nigerian actress, who has been in over 200 movies to date. She was born on 25 March 1958 in Ngwo, Enugu State.

³ **Dr. Oby Ezekwesili** is a former vice president of the World Bank. She founded the #BringBackOurGirls Group following the abduction of over 200 schoolgirls from Girls Secondary School in Chibok, Borno State, Nigeria in 2014.

I now consider Nneka's story in terms of four of Frank's story capacities namely:

1. The capacity to create characters and drama
2. The capacity to offer differing possibilities for action/identity
3. The capacity to reveal moral complexity
4. The capacity to open a portal into other stories

In Figure 6.1 how the story worked to help uncover the women's wider meaning-making in relation to the phenomenon is shown by linking each capacity to extracts from the discussion that followed directly from Nneka's telling of her story. These are then considered in terms of the womanist characteristics and themes introduced in Chapter 4 (Figure 4.x). What this tries to demonstrate is that, even if we take the most mundane, everyday events of the immediate life-world as a starting point, "...space is historicized place, transformed by human activity," (Baynham 2003, page 363).

1. The capacity to create characters and drama

Some change in hope or expectation is usually at the root of the drama in stories. Often this takes the form of a troublesome problem, either mundane everyday (small stories) or of great important (big stories). The problem is the thread that holds one person's story together and pulls in the stories of the people who hear it. The troublesome problem or character) in Nneka's small story is the bed that sagged, but the events unfold from the fact that Nneka is troubled by this and her husband is not. She has pain and discomfort, which she blames on the bed, but he does not, therefore he will not buy a new bed and argument results. We are not sure how the story will end. The ensuing discussion puts Grace's earlier remark about why some families use ITNs while others do not into context, in terms of the domestic relationships (alongside wider system-based factors) that shape their decision-making.

"Some of our men are very stubborn....when you are nagging they will just keep to themselves and say "I am the man of the house, whatever I say stands and you better take your time or else...."
(Ifeoma)

“Some will say that I married you and all you have belong to me. I will tell you what to do with that money and not you to decide.”
(Mary)

“The woman has to manage the one in the house because you don’t have the money to buy and you are the one that is complaining. No alternative.....it means that the woman will continue to suffer and bear it because the man has already made up his mind.....since she doesn’t have the money. That is exactly what will happen in that home.” (Chika)

Chapter 2 described the Igbo woman as preoccupied with the marital ethos of submission and childbearing, and depicted the average Igbo man as seeing a wife as his property and expecting total submission to gain access to his world of love and support. In some ways this stereotypical view comes through as the women make sense of Nneka’s problem. Some men, although not all, are portrayed as self-interested and stubborn, although the women do not see this as characteristic of Ibo men only but of all Nigerian men. Such dominance is presented as a barrier to reasoned argument. At the same time both Mary and Chika talk about husbands’ control of money, although again, Mary says “some” not all men. But the outcome of Nneka’s story makes the point that even though economic power is the issue, this is not simply based on a patriarchal mindset, because she had the means to take action if she wanted to, because she had the money to do so.

2. The capacity to offer differing possibilities for action/identity

The drama within stories comes from the ways the characters strive to come to terms with a troublesome problem and find some resolution. In this regard stories offer differing possibilities for action and exploration of different facets of identity (Frank 2010). In the performance of her story, Nneka tells how, through persistent argument, she achieves the concession from her husband, “...if you have the money...go on and do it.” To the listeners this identifies her as an active agent,

Figure 6.1: What work does Nneka’s story do?

Creates characters and drama

Depending on the husband’s choice. If (he) disapproves it...that’s it...there will be conflict.

It is only when the problem is directly affect the man that he will be interested in it since he is the one bringing in the money.

Not only Igbo men but is typical to Nigerian men. They are too stubborn...

The woman has to manage the one in the house because you don’t have the money to buy and you are the one complaining. No alternative...the man has already made up his mind.

The problem with that is some men may promise you all that and even write a cheque, or that he will do this and that (but some of these men are dangerous and deceptive...very difficult to handle.

Reveals moral complexity

Some will say that I married you and all you have belong to me. I will tell you what to do with that money and not you to decide.

Some will even beat you up and force themselves on you and still have their way...there is nothing you can do about it.

Men go out and can sleep with number of women as they want but women are not allowed to do the same...cannot punish their husbands with that.

I think Nigerian society is fighting against this women caging and maltreatment through a lot of programmes now.

Offers differing possibilities for action and identity

She was able to sort out this because she is working and has her own money. Telling him before buying it is just a necessary thing to do because he is the man of the house.

For me I use soft and bedroom voice and that has been working for me. Nagging does not work for me.

It is like a formula...just use the formula that suits the occasion...know the formula that works for you and use it.

“Let me tell us this, in the past, there was **a bed** that we were using. Incidentally, this bed got sagged. Each time I sleep and wake up in the morning, I feel miserable because of aches and pains in my body....my whole body will be painning me. So I presented it to my husband....I said to him, “Don’t you think that there is the need to change this bed at least to a firmer one?”. He refused and said, “Is this one not bed.....what are we doing with another bed?” After arguing, I tried to continue to convince him that it is for my own good and your own good. He said he feels very OK with it. We kept arguing about it. He later said, “If you have the money....go on and do it.” I now went and got a firmer bed with big mattress and we started sleeping on it. So one day I started to have a joke of him and I said, “How are you feeling?” He said, “It is true Oh, this bed is OK and I feel better.”

But hearing other people’s strategy is good. That you can add to your own to help you sort out issues. Applying these strategies will reduce the time I spend talking to my husband. Sometimes it takes days, even weeks before he listens.

I think the problem of inferiority complex is what is worrying us. We are too backward and find it difficult coming out...at times even some men suffer the same.

Opens up a portal to other stories

Education brings positive empowerment (but) there are things you can still do to empower yourself...lizard said “If I fall down from a tree and nobody praise me I will praise myself.”

Look at somebody like Oby...advocating for women in the Aso Rock. Talking to other women on some issues we face at home and how we overcome them is necessary.

You see this Nollywood actress by name Patience Ozokwor...like the story she told about herself...she said that our women are so dogmatic, they will sit down in the house gossiping about irrelevant things.

Our women should start coming out of their closet...even the educated ones are not found in the public. They should come out...join politics and advocate for other women...not allow the ideology of women education ends in kitchen, to work on them or slow them down.

Empowerment is the answer to women’s suffering. When a woman is empowered even the husband will listen to her and sometimes tries to buy her over.

“She was able to sort out this because she is working and has her own money. Telling him before buying it is just a necessary thing to do because he is the man of the house and you have to show some respect.” (Chika)

Chapter 2 reflected on the saying, ‘A woman that knows the way to the husband’s heart has nothing to lose but gains more,’ in relation to the fact that an average Igbo man sees a wife as his property and expects total submission from the wife to gain access to his world of love and support. Others did not have monetary power to facilitate action, and the story acts as a resource to offer alternatives ways of doing and being as the women, with some laughter, share their personal strategies.

“Sometimes instead of nagging just use your soft and bedroom voice. I believe that would work out because that has worked out for me. Nagging will not do anything.” (Blessing)

“I use petting style to win my fight because my husband is older than me. I can’t even raise my voice on him not to talk of fighting.... he will just kill me. Sometimes I will just start crying....he doesn’t like seeing me crying. He will just do whatever I asked him anytime he sees me crying.” (Ijeoma)

“But hearing other people’s strategy is good. That you can add to your own to help you sort out issues. I will use crying and petting because I have never apply that. I always talk and talk and talk before my needs are taken care of. Applying these strategies will reduce the time I spent talking to my husband...sometimes it takes days even weeks before he listens.” (Linda)

It might seem as though their conversation is superficial. But it could be interpreted as a lighthearted way to affirm the actuality of marriage as a social institution, which reflects their common horizon of understanding when trying to make sense of day-to-day experience. So in this respect it seems that they are pragmatic in the context of the Heidegger’s (1993) “stringency of the necessary” (page 22) in relation to their position, and the potential for danger in taking particular actions.

3. The capacity to open up moral complexity

This shaping of their experiences by the social relationships in which they occur demonstrates the capacity of stories to open up complexity as well as bring clarity (Frank 2010). The issues raised in response to Nneka are gendered and to some extent class-based, inviting assumptions in the listener, which need to be interpreted (Denzin 2014).

“Some will say I married you, and all you have belong to me. I will tell you what to do with that money and not you to decide.”
(Blessing)

The listener is invited to take sides on what we think are acceptable and unacceptable ways to act. But as Frank (2010) points out, the process also arouses emotion and imagination about how things might be different. Hence, Nneka had money and, apparently by force of argument, was able to use the money as she wished for a new bed. But Nnenna widens the issue with thoughts about how life in general could be different for everybody, including men.

“I think the problem of inferiority complex is what is worrying us. We are too backward and find it difficult coming out...at times even some men suffer the same.” (Nnenna)

From a womanist perspective her comment is interesting in as much as gender-specific issues are not the most salient for African women. In the wider context women see themselves as partners with men in a collective struggle against subjugating attitudes (Hudson-Wheems 2006). In leading our thoughts this way Nnenna highlights the fourth capacity of Nneka’s story of the bed.

4. The capacity to open a portal into other stories.

Stories within stories told within groups are like Russian dolls that remind us that every experience contains many stories that could be told (Denzin 2014, Frank 2010). Nneka persuades us that her husband’s mind-set changed once they started sleeping on the new bed.

“So one day I started to have a joke of him and I said, ‘How are you feeling?’ He said, ‘It is true...this bed is OK and I feel better.’”

But this small victory is set against their talk of what they see as the persistence of male dominance and the need for things to change at societal level.

“I think Nigerian society is fighting against this women caging and maltreatment through a lot of programmes now.” (Grace)

“And the only way you can empower them is through education. And if they are learned they can handle some issues without seeking permission from their husbands.” (Nneka)

So the portal into the big story of female empowerment in Nigeria is opened as the women draw on the life stories of high profile Igbo women active in the cause at national and international level.

“You see this Nollywood actress by name Patience Ozokwor... like the story she told about herself....she said that our women are so dogmatic; they will sit down in the house gossiping about irrelevant things. May be you didn’t go to school or seen the four walls of a university.... She said ‘What did I read.....but today I am a public figure’. ” (Blessing)

“Look at somebody like ‘Oby’ (Ezekwesili)advocating for women in the Aso rock.” (Ijeoma)

In these self-naming, self-defining examples the women advocate for self-affirmation, and a ‘genuine-ness in sisterhood’ characteristic of womanism. In so doing they move beyond the “stringency of the necessary” towards the “wealth of the possible” (Heidegger 1993, page 22).

Figure 6.2: What work does Nnenna's story do?

Creates characters and drama

The few rich who are resident in the community may not be as affluent as those in the urban areas. (They) do their businesses in the rural communities but can be classified as middle class like teachers, doctors, nurses. They live comfortable and they are very OK.

Some of them in the village will be fearing them.

Reveals moral complexity

Some will be carrying themselves up for those who do not have money..... "You know I have money, if you mess about I will lock you up in the police station....you know I have the money and I can do whatever I want to do on you." And those people who are being scolded, if you have any case with them they will tell you that, "I don't want to go to this person, you know I don't have money to fight him." They settle in the rural areas mainly because they can't measure up well with the rich people in the urban areas. They become lords to the poor ones in the rural areas living with them.

Sometimes you see (the poor people) praising them so that they can get what they want but behind them they can say bad things about them. A lot of them will be pretending so that they can get that money they are looking from you.

The other time I came to a woman....a poor wretched woman...(Another) lady, her husband built a good duplex with well decorated and polished environment. This poor lady has one **home made spice** and by all standard, this is the most this woman can produce, and you know by right this woman shouldn't have given her only home made spice to this rich lady. But she is using it to appease this rich woman....so that the woman will put her in her good book. So that if there is anything she needs, she can easily get it. I was there when she was doing this....for her to give this spice....she said, "My mate,"....kneeling down and presenting it....showering her with praises. The lady feels happy that they are kneeling down before her. They pay homage to her in order to get favor from her in that community.

Offers differing possibilities for action and identity

Me personally.....I value freedom and peaceful environment....peace, justice.... I hate it when people, especially women, are not allowed or isolated from reality, or the real meaning of life....When they are not allowed to express themselves freely. Some husbands here are doing it. Their wives dare not talk to them or play joke with them. Military way of marriage....

I want to be recognized in the society.....I envy all these top women coming out....doing what pleases them.

I think the main thing is to know what you value most and pursue it until you get it. Always think positively. Forget about any intimidation.....don't feel inferior....yes inferiority complex is killing our African women. Let us believe we can do it. I always believe I can do it and there is no better me outside there.

Opens up a portal to other stories

I discovered that they are distributing net in the north but when I came to the east, no net distribution....what is going on here?

Sometimes is rotational and depending on the proximity. North is closer to Abuja and it is the seat of the Nigerian government....**it is the big house while Enugu is the small house.....**

The story of the home-made spice

The womanist themes of sisterhood, positive affirmation of self-worth, and meaningful union with men appear again in a second story told by Nnenna (Figure 6.2), which centres around the characters of a poor woman, a rich woman and a jar of home-made spice. In this story the poor woman abases herself before the rich woman by giving her a gift, which in Nnenna's opinion she should not have done, not only because she did not have much of it, but also because she was doing it in hope of future favours from the rich woman. In Nnenna's opinion, the rich woman relished the power her apparent wealth and position gave her in the eyes of her poorer sister. In setting up these two contrasting identities, the story leads the women to express their envy, despair, aspiration and beliefs in relation to the dichotomies that frame the actuality of their lived experience such as, freedom versus isolation; peace and justice versus "military way of marriage"; respect and recognition versus intimidation. Again, as with Nneka's story, they express their pragmatic hopes for different ways of being in terms of the "wealth of the possible" (Heidegger 1993, page 22).

"I want to be recognized in the society.....I envy all these top women coming out.....doing what pleases them." (Ijeoma)

"Let us believe we can do it. I always believe I can do it and there is no better me outside there." (Grace)

The moral complexity revealed by this story can be understood through the words of Gabriel Okara, whose poem *'They laughed and laughed and laughed'* opened Chapter 2. Another of his poems entitled *'Once upon a time'*⁴ compares the present postcolonial time with the past, as a father tells his young son how he feels that people have lost the innocence and openness of the pre-colonial culture and customs of their homeland.

⁴ Okara G (2016) *Collected Poems*. Edited by Brenda Marie Osbey, Lincoln and London, University of Nebraska Press.

*Once upon a time, son,
they used to laugh with their hearts
and laugh with their eyes:
but now they only laugh with their teeth,
while their ice-block-cold eyes
search behind my shadow.*

*There was a time indeed
they used to shake hands with their hearts:
but that's gone, son.
Now they shake hands without hearts
while their left hands
search my empty pockets.*

Among Okara's Ijo people the left hand is the wrong or abominable hand. It is the hand of forgetfulness, carelessness, insolence, rudeness (Azuonye 2011), and these negative connotations are shared by the Igbo people. In his commentary on Okara's poem Azuonye explains that "the speaker tells us that he has learnt to deal with this hard, insincere world by becoming just like all the other people; he too hides his real emotions and speaks words he clearly does not mean" (page 6).

A critical consideration of postcolonial discourse is beyond the scope of this study. However, it is reasonable to suggest that Nnenna's story reflects a wider discourse of corruption, and elitism that has been alluded to in foregoing chapters, particularly the literature review (Chapter 3) and thematic analysis (Chapter 5). The atmosphere of frustration, and the strain between the women's values and beliefs and the unequal distribution of legitimate opportunities within society (Giddens, 2009) was evident in their conversation around the story. The work of this small story in opening the way to the bigger story of malaria was summed up beautifully.

"I discovered that they are distributing net in the north but when I came to the east, no net distribution....what is going on here?"
(Anastasia)

"Sometimes is rotational and depending on the proximity. North is closer to Abuja and it is the seat of the Nigerian government....it is the big house while Enugu is the small house" (Nneka)

Discussion

Chapter 4 considered how the Merleau-Ponty saw the living body as the true subject of experience, which every object turns to “...the body is the pivot of the world” (Merleau-Ponty 2012/1945, page 84). In the Igbo world-view we enter into meaning-making relationship with soul and spirit through our material bodies and also with nature and the elements. In my interpretation of Nneka’s story her recollection of the bed and her attempts to relieve her physical discomfort became a metaphor for malaria and women’s effort to protect themselves and their families. According to Martello (2007),

In the act of recollection, in fact, an event is removed from its original space-time co-ordinates and re-located in our present living experience...the recollected event contains an index of meaning that goes beyond the mere immediate experience. Recollection amounts in fact (to) incipient reflection. (page...)

In the same way the poor woman’s kneeling down before the rich woman in hope of favour was a metaphor for the frustration and humiliation of struggling against inequity and elitism in the distribution of ITNs. It seemed to me that, in a Heideggerian sense, the two stories were active in ‘throwing’ us into the meaning-making ‘clearing’ where, in the course of conversation our horizons of understanding were interwoven and expanded. Frank (2010) says the primary work of stories is to act as guides to help people choose what is worth paying attention to, and to think about their selections in an evaluative way. In this respect the folktales of African oral tradition (which I discuss more in later chapters) do important work. They voice the teller’s views about life drawn from their personal observation of people’s behaviour in the community. Folktales have a typical formal opening and go on to make some important point through the use of symbols and characters created for the purpose (Ogbalu 2015). The point may be announced at the end of the story or the audience may be left to work it out. Although not folktales as such, Nneka’s and Nnenna’s stories reflect these characteristics. They start formally, “*Let me tell us this, in the past, there was a bed*”; “*The other time I came to a woman....*”. They are observational and each makes use of a powerful symbol – the bed and the spice.

They each direct attention to what matters by steering the conversation to important realities of the women's life-world.

Life-world realities highlighted by the stories

It seems that inequity is the common thread in the two stories. In the first story this is linked to gender inequality, in the second story it is linked to elitism. This takes us to further research literature. For example, Chukwuocha et al (2010) in a study in Eastern Nigeria revealed male dominance in decision making in the family, and studies in Ghana on gender roles reported that women who lack financial empowerment or economic support from husbands or male relatives, or who are in disagreements with husbands or family elders in seeking appropriate treatment, will face difficulty in accessing and utilizing malaria prevention interventions (Tolhurst 2006). Effective utilisation of ITNs has been linked to culturally accepted patterns of sleeping; for instance, in a family having one bed net men are allowed to sleep under the net because they are often considered as the breadwinner unless they prefer to sleep outside the net (Rashed and Johnson et al 1999). Acceptance of gender equality, and commitment to gender empowerment measures are constrained by the patriarchal culture of Nigeria. As such that it ranks 123 out of 140 countries on the Gender Development Index (UNDP 2005). So, although all the population faces risk, malaria vulnerability and risk status could also be determined by gender (Reuben 1993). The more women have control of household finance the more they give priority to the purchase and use of ITNs for their entire household. However, if women depend solely on their husbands, they are less likely to purchase and use ITNs for themselves and their children unless their husbands show interest on their use (Rashed and Johnson et al 1999).

The point of the story

As aforementioned, womanist philosophy argues that given the collective oppression of Afrikana people globally, women "cannot afford the luxury...of being consumed by gender issues" Hudson-Wheems (2006, page 51). So yes, re-orientation of men's mind set via gender education across socio-economic

lines is an essential step in enhancing women's empowerment (Asayanbola 2005). But in the meantime three of the guiding principles of the Africana Womanist are brought to the fore by the two stories; meaningful and pragmatic accommodation with men, genuineness in sisterhood, and an authentic connection to community.

Conclusion

In her consideration of the phenomenology of African female existence Bakare-Yusuf (2003) cautions us to remember that when talking about Africana women, we must understand that this identity is tied to very specific gender configurations, forms of access to and control over social and spiritual life, individual choices and so on, all taking place in particular cultural milieux. This chapter opened with Precious Oporum's poem recognizing women as the core of the family. It has focused on what Igbo women had to tell about family and social relationships that helped them make meaning of their efforts to protect their children and families from malaria attack. It has helped to illuminate experiences that contribute to both empowering and disempowering women in this matter, and I have tried to demonstrate the power and value of 'small stories' and the process of storytelling as an important basis for knowledge generation, and as a resource to keep malaria on the international health agenda. And so Nneka's bed and the home-made spice become actors on a much larger stage. As witnesses to this these women's small life-world stories are worthy of celebration, not least by themselves. As Nneka said, referring to words of celebrated Nigerian novelist Chinua Achebe⁵,

"Lizard said, 'If I fall down from a tree and nobody praise me, I will praise myself.'"

⁵ Achebe C (2010/1958) *Things Fall Apart* London, Penguin Books, (page 21)

CHAPTER 7

FINDINGS 3

LEARNING AND SHARING YARD BY YARD

ỊMỤTA NA-EKERE ÒKÈ SITE N'ỤLỌ N'ỤLỌ

*"I will tell you something about stories...
They aren't just entertainment...
They are all we have...to fight off illness and death.
You don't have anything if you don't have the stories."*

Leslie Marmon Silko, epigraph to *Ceremony* (1986)

*Oh, abstractions are just abstract
Until they have an ache in them*

(Stephen Dunn – *Tenderness* 1989)

Introduction

The rationale for this research began with a call from within the research community for more subjectivist investigations into malaria prevention, to complement the wealth of empirical studies in the scientific paradigm. Therefore, this study set out to explore the meaning of the malaria struggle for Igbo women, trying to manage the threat of malaria to their children and families, in rural communities in Eastern Nigeria. They talked about their personal experience of malaria and expressed their subjective opinions about local and national efforts to control and prevent it. The particular focus was on access and utilization of ITNs. The first phase of data interpretation (Chapter 5) organized their viewpoints thematically, which provided a temporo-spatial perspective on their concerns. The second phase of interpretation (Chapter 6) shifted attention to thinking *about* malaria in broad sense, to consider how

apparently inconsequential everyday stories could become a tool to think *with*, and also how such stories could be seen as knowledge-creating actors in the fight against malaria. This showed us the power of stories as sense-making events.

Following my poster presentation of Phase 1 findings at the 2014 International Conference on Nursing and Healthcare, Chicago USA, delegates strongly endorsed the message from the research participants, “Keep malaria on the agenda!” Also, following my platform presentation at the 2015 International Conference on Nursing and Healthcare San Francisco California USA, I received encouragement to publish a paper based on my dialogical analysis (in preparation). All of this was very pertinent to my thinking about the purpose of my research, and this thinking led me to consider performative ways that would help to enhance accessibility of my research and the receptiveness of audiences and communities to whom I disseminated my research.

Writing my research performatively

I approached this phase of my analysis from the point that performative writing from research involves dramatizing data based on significant selections of narrative collected through interviews, participant observation field notes, journal entries, and other media such as diaries, and image work and video. It starts from an interpretivist perspective, so focuses on the meanings that individuals and communities give to their lived experiences, and the belief that the life-world is constructed of multiple realities, and that representations of human experience can only be partial. Researchers in an interpretivist paradigm have turned more and more to performative modes of research dissemination, usually associated with the humanities and arts, to enable people and communities to explore and narrate their own story in ways that encourage self-reflection and uses creative expression to help bring about change (Cross, McGowan and McCrum et al 2016; Sherwin, Cross, and Holyoake 2014; Denzin 2001; Richardson 2001; Sandelowski 1991). Denzin (2010) argues that performative social science paradigms may provide some new answers to old problems. Also he suggests that they can respond to issues of power and inequality by the construction of counter narratives. Concerns that positivist

paradigm is limited to account for human experience have encouraged a shift towards more creative approaches.

The performative writing fracture may help all academic houses settle into greater alignment with human experience. Performative writing fixes the fracture by adding some design features; it welcomes the body into the mind's dwellings. (Pelias 1998, page 6)

Or, as Dunn says at the start of this chapter, “...*abstractions are just abstract // Until they have an ache in them.*” So, although Pelias (1998) does not consider everyday experience to be the same as scholarship, he does feel that shaping everyday experience into telling and moving tales can be. He uses the metaphor of a camera, which captures the most compelling pictures. Then each frame is carefully studied, so that every chosen shot is significant and many are left on the cutting room floor. Oral communication focuses on experience, and poetry is powerful in expressing this, either in written or oral form (Falade 2013). In Igbo oral traditional storytelling the everyday experiences of Igbo society are recreated in folktales and songs. The problems described in the folktales are the problems of real life society and as such they embody Igbo culture, worldview, spiritual beliefs, as well as political and social activities issues (Ogbalu 2011). Therefore, including a performative approach was an appropriate addition to the analysis.

Poetic inquiry

The scope and application of poetic inquiry as a way of knowing, and as an expression of affective experience is wide (see Prendergast [2009] for a comprehensive account). To create a performative version of my own research I used the technique of poetic (re)telling or ‘found poetry’ (Butler-Kisber 2002). This involves (re)presenting the research participants’ transcribed talk in poetic format by cutting and playing with words, phrases and sections, and altering spacing, lines and rhythm to arrive at an evocative performance (Appendix 10). The final ‘poem’ stays linguistically faithful to the original text, but it is very important to realize that I was only “moving in the direction of poetry” (Glesne 1997, p

²¹³) in terms of structure, and not claiming to ‘compose’ in the way of those steeped in the traditions of poetry as a creative art-form.

I drew on my full collection of interview transcripts to create what is in fact, a 45-minute DVD performance of my research findings (the DVD is included in Appendix 11). As such it is both an evocation of the experience of the women of Nsukka, Amechi, and Ngwo, and what (Pelias 1998) describes as “enabling fiction” (page 8). From the perspective of hermeneutic phenomenology this performative interpretation points towards an open clearing of concern about things that matter. At the same time it highlights ambiguities that confuse our attempts to find meaning in the experience it represents. Because it is an “enabling fiction” it invites further multiple interpretations and enlivens the possibilities for dialogue.

All interpretation points in a direction rather than some final endpoint, in the sense that it is an open realm that can be filled in a variety of ways...We may well ask whether we can interpret such ambiguity except by revealing that ambiguity. (Gadamer 1967/1986, pages 68-69).

I had some important points to consider when I decided on this approach. I wanted to create:

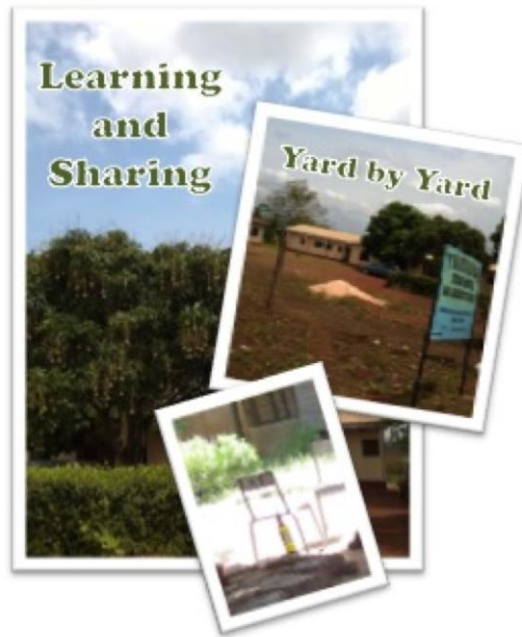
1. a reflexive space that was dialogic not monologic;
2. an accessible resource that would resonate with local people and their everyday concerns, which they would feel spoke for them and of them in their own voices and language;
3. a dynamic text that could be re-imagined and augmented by the people who had been the source of its inspiration, and by other individuals and communities in other times and in other places.
4. a constructed narrative that aligned with the ethos of Africana Womanism and which would resonate with Igbo people themselves.

With regard to my fourth consideration I made two important decisions. First I translated the English text into the Igbo language myself. Second I enlisted the

help of a fellow Nigerian, Isi Agboaye, to be my dialogic partner in a ‘call and response’ performance of the piece. Isi’s participation is significant in that he is a man responding (in the women’s words) to my woman’s call, I in Igbo, Isi in English. For me, this is a reference to the commitment of Africana Womanism to the partnership of ordinary African women and men sharing the daily struggle against subjugation and disease, for the wellbeing of family and community.

The Igbo and English versions of the poem are presented in the next pages. The English version includes some reflective annotations. After this, the value of the poem in terms of the research is discussed and I evaluate its merit as a performative text. The title of the poem, *‘Learning and Sharing Yard by Yard’* (words spoken by the women) explains in itself how for these women, their life-worlds of malaria are constituted within a complex spatial-temporal and relational orientation.

Imụta na-ekere òkè site n'ụlọ n'ụlọ





Imuta na-ekere òkè site n'ụlọ n'ụlọ

1

*Ubochi tata anwu na-acha, anyanwu daa kwa n'oge taa
Plastic tebulu na oche, ihe niile na-acha ocha
Ahaziri nke oma n'uzo ochie
n'okpuru ndo ugwu osisi mango*

2

M na-eche ihe oma na-eji ya
Nkasi obi... n'oro juu
M na-nweta onu na nkasi obi mgbe m na- eji ya,
na-ehi ura nke oma mu na ezinulo m nile.
O na-echebe anyi kpuopu anwunta.
Mgbe m na-ehi na net, m na-ehi ura di ka nwa ohuru
Mgbe o bua m muru,
M ga-amalite site n'ubochi otu,
ikuziri umu m
na-ehi ura n'okpuru net

3

Ndi agbata obi m ne-eme mkpesa;
"Aah m na-agbali ooh, ihi ura na net a
o na-ekpo oku na oge okpomoku."
M ga-asị na omara go m ahu
umu m na-eji ya ehi ura obuna ma o buru na- ososo na-agba ha.
nkasi obi n'ime ya bu ihe kasi mkpa,
ka okpomoku na-abia ma o bu ihe o bua,
karia ka anwunta ka o taa m.
M na-eche ihe oma na ijiri net ahu ehi ura

4

Adighim e jiri net ehi ura
Ihe kpatara mu adighi e jiri ya bu,
ndi madu si na ona - egbu Otutu ndi madu.
Ya mere, site na oge ahu adighi m eji ya ehi ura

5

Ona-amasi mu onwe m iji ya.
O na-egbochi anyi ka anwunta ghara itaghu-anyi.
Ma nani nsogbu bu na o na-ekpo m oku n'ime ya
umu m na-ehi ura n'okpuru ya
O buru na m na-ehi ura n'okpuru ya,
m ga-enwe uko na-ahu
ahu m ga-na akokasim

N'oge okpomoku,
mgbe niile o na-adị na ekpo m oku.
Ya mere, m na- adighi eji ya ehi ura

6

Munwa na eji net ehi ura
N'ezie, ezinulo m dum na-eji ya
anyi na - enwe iba
Anyi bu ndi AA ihe a (obara otu)...
abuo ...izu abuo
anyi na aria iba.
Anyi na eje egoro ogwu iba
kemgbe anyi malitere iji net,
ihe a belata.

7

Obu Ezi-okwu na-anyi na enwe okpomoku
ma m na-emeghe windo
jide n'aka na onye obula na ara-arụ n'okpuru net
anyi adighi enwe okpomoku nke ukwu
windo na-emeghe.
M na-enwe obi uto na-eji ya
kamgbe m malitere iji ya,
M ghara e patronize dokita na ndi ne-ere mmiri ogwu

8

E nwere otu ihe m nwetara,
mgbe mbu m jiri net hie ura, na ututu,
mgbe i na -ele anya gburugburu,
i ga-ahu anwunta na -ya nwuru anwu
ufodu na- nghota.
asara mu ya otu ugboro, ugboro abuo,
chemical di na ya ebelata ike,
M na-eche na chemical no n'ime ya belatara

9

Ihe a na-egbu egbu.
Onweghi ihe di n' ime ulo ona adighi egbu obuna ma ndanda
odiro nma n'ebe madu no,
ma obu ebe umu – aka no

10

A na-akpoya chemical
chemical abughi ihe oma, anyi nwere ndu oyi,
eweghi nkasi obi
obu Chemicals na ihe usoro ndi mba ozo
na-akpata nsogbu anyi na-enwe
ubochi ndi a
Onye o bu na -anogide ruo iri asaa ka biri ndu ogologo oge.
Na oge mbu ha na adi ndu ruo afọ 120 ... 130
ka kweere na-ha emezubeghi ozi ha biara!
Adighi m enwe echiche ka ana-ario ndi oyibo
ka ha weta ihe ndiahu.
obu na gburugburu ebe obibi... ,
ma o buru na i ga USA,
odi iche karia ebe a

11

Ndi nna anyi ochie ejigi usoro uzọ ndi a
o bu usoro ndi obodo ha.
Anyi amaghi na o di mkpa

anyị amaghị mkpa ihe ndia nile bara.
Mgbe mbụ mgbe anyị na-enweta net a

12

Obi adighi ọtụtụ ndị madu nma.
E nyeghị ha ozizi ma ọ bụ ntuziaka na otú iji ya.
Ha wetere ya na ụlọ kpogidere ha
Nke a wetere ọtụtụ ọrịa na ihe ndị ọzọ.

13

A mụrụ m na n'ebe ugwu awusa.
"Chiyawa" na-oge mgbede,
-etinye ya na ite na ihè ọkụ.
Anwụrụ ọkụ chupuru anwunta
Ahuru m ya na mkporu anya m na onwe m.
nne na nna m na-eji dogoyaro,
ha ga esi ya, jiri mmiri ya.
Anyị na-eji guava, poo poo, akwukwo mango,
Esikota ha nile n'abali.

Anyị aṅụ ya,
Were wuo aru,
Ka ịba ghara igbutu gị na ala

14

Ahihia lemon
Ee! ahihia lemon, ee! ee!
Mgbe ị na-akụ ya gburugburu ụlọ gị
anwunta ahu agaghi abia.

15

Ufodu n'ime ha bụ ihe oriri di ka nchuanwu anyi
Ee, nchuanwu!
Mgbe ị na- aga n'ụlọ ha,
ị na-ahụ ka ha ji ya ne-eme di ka osisi okooko.
Ihe ndia ahụ adighi n'ebe ahu maka osisi okooko
obu maka imenye anwunta ujo.
umụaka ga- emeghe ọṅụ ụzọ
I ga- eti mkpu,
"Mechie ọṅụ ụzọ! "
Ha emeghe ụzọ
anwunta abata.

Ọ dighi ihe ntara mu ahuhu di ka mkpotu ahu

16

Akwukwo nri senti na ahihia lemon!
sie ya ma-ṅụ na mmiri.
Ozọ ka anyi na-akpo dogoyaro,
ọ bụ ihe ilu!

17

Mna-ahoro net n'ihi na
obu ihe puru iche,
onwere obere oge.
Tupu ị ga-enweike wetacha ihe-niile ndi a,
ọ na-ewe otutu oge iji nweta.
Mna-ahoro iji net hie ura
Ee!
I ga-ehi ura di ka nwa a muru ohuru
O dighi mkpotu anwunta,
di ka onye agha,
di ka ndi na-akwado maka agha.

net ahu di ebube,
odi ebube,
ebube

I ga-ehi ura nke oma,
o dighi anwunta ga ata gi.

18

M nuru ndi madu na-ekwu
o di nnoo ire, o na-arụ oru.

Agaghi m asi ha mba!

otutu ndi madu tukwasiri obi na ona-arụ oru.

Ana m ejizike neme na mmiri-adighi na-emeghe,
ekwe ka ahilia na-eto eto gburugburu ulo m.

Ha na-adota anwunta nke ne-ime iba.

O buru na m na-anọ n'ezí m na-eji ogwu anwunta eriri igwe....

-amunye eriri igwe oku,

Gba ogwu anwunta n'ime ulo ana-akpo "Reed,"

-edebe gburugburu ulo m ocha

dika nwanne m nwanyi kwuru;

anwunta agaghi erute gi nso

19

Ezigbo nri na-edozi ahu!

O dighi ihe ezigbo nri na-edozi ahu na apughi ime

obuna godi na nje iba

ozugbo ogu nke ahu ahu di elu

inwe iba adighi mfe

Ma o buru na idighi eri ezigbo nri

Ewepu idi ocha icha mana odi ezigbo mkpa.

Ezigbo nri bu isi ihe na-adigide adigide ahu ike-

-abia banyere onwe ya

20

Ihe isi ike anyi nwere bu

Otu esi enweta net.

Ha ga-asi na ha na- eke ya

Na akuku a, ebe a,

ma mgbe igara ebe ahu

ha agaghi-ekwe nye gi.

Mgbe ufodu, i na-aga ahia,

-ihu ka ha na-ere ya n'ahia.

Ere ya otu puku (#1000).

Ere ya nari ise (#500).

Ndi ochichi ga-abia nso

Ma lee anya n'ime nke a,

21

Ikekorieta net

Na agbali na-alusa umu nwanyi ndi inyom a ogu.

M ngara na Tuesday,

enwetaghi ya.

M ngara na Wednesday,

Thursday,

Friday,

Saturday,

Sunday mgbe uka gbasara.

M wee laghachi ebe ahu,

wee si, "mba i ga-enye m

n'ihia na ano m ebe a ugbu a

tupu i na- edebere ndi ozo ndi na-anoghi ebe a."
otu ahụ ka m si nweta net.

Ndi ochichi,
ha kwesiri igbali na -enyere anyi aka,
Ha na ndi nwere ezigbo obi na -aru oru

22

Anyi na- ario ndi ochichi,
Ka ha na- ga na yad na yad.
-Abia n'ime otu ulo,
ahu na onye o bula n'ime ha
ha na-enye ha

23

Ndi mmadu amaghi ihe banyere iji ya hie ura
M huru ndi na-achikota net
Ha na-eji ya acho ulo mmaya ha mma!,
Mberede wee gbo m nnoo.
M nnooro na-ele ha , achirim ochi
M wee si, "Aah ! Ndi a egbu ola anyi.
"Ha amaghi mkpa ihe a di.
O dighi onye kuziri ha otu esi eji
Ya na ihe net ne-eme.
Ha azutara akwa-nkwuba
icho ulo ahia ha mma.
-Amaghi atumatu na-egbu anyi!
O buru na ndi ochichi nwere ike inyere aka weta ihe mmuta
Echere m na o ga-abu ihe di mma

24

Ma na Nigeria!
Ihe Mmata bu nnoo ihe aghughu,
mmadu ole na ole na enwenta ihe omuma.
Ndi Nlekota ahụ nke ozuzu kwesiri iputa na igwe.
-Agwa Ndi ochichi, ma , "Onye ga- eme ya?"

25

E nweghi uzọ anyi puru igbanwe na onodu anyi.
Anyi amaghi ya n'ihu , ugbo a, o biawo.
Imeghari na onodu ohuru adighi mfe na ebe onye toro eto no.
I nwero ike imanye onye okenye,
i nwere ike imanye umu gi,
O buru na i apughi imanye ha mgbe ha mu anya,
mgbe ura, gbasa net na akwa were ya kpuchie ha.
Tupu ha amaara ya, ubochi ohu abiala.

26

Ndi Nne ... umu nwanyi di ime ne -eji net ehi ura!
obu nani uzọ anyi puru igbochi iba.
N'otu oge, ometuta anyi,
oga-emetuta nwa no n'afọ.
Nke ahụ bu ihe m na- ekwu na ndi nne kwesiri ime .
Ndi Nne na-elekota, buru kwa ndi enye maka na-ulo .
Ya mere, oburu na-enweghi enyemaka anyi
Echeghi m na ihe ndi ahụ ga-adị ire

27

N'eziokwu anwunta na-emeru anyi ahu,
di ka ndi na- akwadobe agha.
Anyi no na ezigbo nchegbu.
Echeghi m na anyi puru igbochi ya ebe a

na Amechi Awkunanw Uwani,

28

Ya mere, anyị na- ariọ

Ndị ọchịchị,

na ndị ne-eme nnyocha.

ike agwụwọ Anyị maka otutu ụzọ niile a.

ike agwụwọ Anyị

Biko nyere anyị aka!

ka ndị mmadụ dị ndụ ọzọ

ma na-anwughị

29

Anyanwụ wee na-enwu na

n'ihì na anyị nọ na ndo osisi

wụsiri na-ama'èzí,

ikuku nọ na-akụ anyị.

-ikparịta ụka, na-aga rue na nkwusi amaghi





A small group of people are
co-present mutually engaged
in the moment of telling.

Learning and sharing yard by yard

1

*The day was sunny and sun set to early today
plastic table and chair, all white
well arranged in old fashion way
under shade by a mango tree.*

2

I feel good using it
comfortable relaxed.
I derive pleasure and comfort when I'm using it,
sleep well with all my family.
It protect us from mosquito bite.
When I use this treated net, I sleep to a baby.
Whenever I give birth,
I will start from that day one,
teach my children
to sleep under net.

'Applied story-telling' with an
'institutional' message

3

My neighbors they complained;
"Aah I'm trying ooh, sleep in this net
in this hot weather and the heat."
Me I will say I'm use to it
my children use it even if they are sweating.
The comfort inside it is the most important,
let the heat come in or whatever,
than to mosquito to bite me.
I feel so good using the treated net

'Space as a practiced place'

Net as objectified 'place'

4

I don't make use of the net
The reason I do not use it,
People said it kills many people
So since that time I don't make use of it

Malaria experience as embodied
'space'

5

Like myself I like using it.
It prevents us from being bitten by mosquitoes.
But the only problem is, I feel hot inside it
my children sleep under it
If I sleep under it, I will be having itches
my body will be itching
During heat period,
always very hot for me.

So I wasn't using it

6

I use insecticide treated net
In fact, the whole family are using it
We are having malaria
We are AA this thing (blood group)...
two...two weeks
we suffer from malaria.
We use to buy malaria drugs
ever since we started using treated net,
the thing reduced.

7

It is true we feel heat
but I open the windows
make sure everybody sleep under the net
we will not feel so much heat
the windows are open.
oo using it
since I started using it,
I don't patronize doctors and chemist

8

There is one thing I experienced,
the first time I used the net, in the morning,
when you look around,
you will see mosquitoes that are dead already
some are hanging.
I washed it once, twice,
that chemical reduces the power,
I think the chemical
inside it reduced.

9

The thing is very poisonous.
There is nothing in the house it cannot kill even ant
It is not good for human being,
Or even where children are

10

It is already called chemical
chemical is not natural, we felt catarrh,
uncomfortable

Those chemicals and foreign methods cause the problem
we are having these days.

Anybody that stays up to seventy has lived long.
Before they live up to 120...130 years of age
still believe have not fulfilled their mission!
I don't buy the idea of asking the English people
to bring those things.
Is the environment...,
if you go to USA,
is different from this place.

11

Our fore fathers didn't use all these artificial methods
it is those local ones.

We don't know the importance
we don't know the importance of all those things.
At the initial time when we get this net

Opening a space for agentic
action

Biological time
+
historical time

open up a narrative space

many people felt so bad.
They were not given teaching
or instruction on how to use it.
They brought it in their house and hang it
Which cause a lot of sickness and other things.

12

I was born in the north...
“chiyawa” in the evening,
put it in the pot and light fire.
The smoke drive the mosquitoes
I have seen with my own eyes.
My parents use dogoyaro,
they will boil it, use the water.
We use guava, paw paw, mango leaf,
cook all of them together in the night.
We drink it,
bath with it,
so that malaria will not tie you down.

Lemon grass

Yes! lemon grass, yes! yes!
When you plant it around your house
that mosquito cannot come.

13

Some of them are edible like this our scent leaf

Yes, scent leaf!

When you go to their house,
you see them using as flowers.
Those things are not there as flowers
but to scare mosquitoes.
The children will always open the door
You will be shouting,
“Close door!”
They open the doors
mosquitoes will come in.
There is nothing as discomforting as that noise.

14

Scent leaf and lemon grass!
Boil it and drink with water.
Another one we call dogoyaro,
it is bitter!

15

I prefer treated net because
is more unique,
less time consuming.
Before you will be able to get all these ones,
it takes a lot of time to get.

I prefer using the net

Yes!

16

You sleep like a new born baby
No mosquito noise,
like a soldier,
like people that are there for war.
treated net is awesome,
is awesome,

Ecological space

as

relational space

in it/of it/enveloped by it

Embodied knowing

awesome
You will sleep well,
no mosquito bite.

17

I heard people say
it is very effective, it works.
I won't say no!
many people trusted it works.
I make sure I don't have open waters,
allow grasses to grow around my house.
They attract mosquitoes which cause malaria.
If I am staying outside I use mosquito coil....

Self-empowerment begins with a
clean environment, keeping
healthy and strong

18

light the coil,
flit my room with "Reed,"
keep my surroundings clean
just like my sister said;
mosquito will not come near you.

19

Good nutrition!
There is nothing good nutrition cannot do
even with the malaria parasite
once the immunity of the body is high
developing malaria is not easy
But if you don't eat good food
hygiene apart but still very important.
Good nutrition is the key to lasting health
comes about naturally.

20

The challenges we have is
how to get the net.
They will say they are sharing it
this side, this place,
and when you go there
they will not give you.
Sometimes you go to the market,
see them selling it
in the market.
Selling it one thousand (#1000).
Selling it five hundred (#500).
Government should come close
and look into this,

Opening a space for agentic
action against inequity and
elitism

21

Sharing out the net
trying to fight those women.
I went on Tuesday,
I couldn't get.
I went on Wednesday,
Thursday,
Friday,
Saturday,
Sunday after mass.
I went back to the place,
I said, "No you will give me

There-and-then
Here-and-now

because I am present now
before you keep for those people
that are not yet here.”

That was how I got the net.

The Government,
they should try and help us,
work with people who are sincere.

22

We are pleading with the Government,
let them be moving yard by yard.

Come inside one compound,
make sure that each and every one
they give them.

People are so ignorant about the using
I saw people who collected the net
They use it to decorate their bar in their house!

I was very surprise.

I just watched it, laughed
I said “Aah! This people have killed us.”
They don’t know the important of it.

Nobody has educated them on how to use it
and what the net is doing.

23

They have bought curtains
to decorate their shop.

Ignorant is killing us!

If the government can help create awareness
I think it will be OK

24

But in Nigeria
awareness is just deceit!
few people get the information.
Health care training should come out in mass.
Tell the government, but,
“Who will do it?”

25

There is no way we can change our present condition.
We don’t know it before, now it has come.
To adapt to a new situation is not easy for an adult.

You can’t force an adult,
you can force your children,

If you can’t force them while they are awake,
when asleep, spread the net on the bed and cover
them.

Before they know it, the day has come.

26

Mothers...pregnant mothers use that net!
Is the only way we can prevent malaria.

Once we are affected,
the child in the womb will be affected.
That’s what I’m suggesting that mothers should do.
Mother take care and be the manager of the house.

So without our help
I don’t think those things will be effective

‘Learning and sharing yard by
yard’

Spatiality as constitutive of the
construction of identity

Espousing the identity of an
informed, sincere community

Temporal orientation
Within the life-world of the
family – Creates links with the
existence in time of other
family members

27

Honestly mosquito is really dealing with us,
like people that are raging for war.

We are really worried.

I don't think we can prevent it here
in Amechi Awkunanw Uwani,

28

So we are pleading
with the Government,
with researchers.

We are tired of all these methods.

We are tired.

Please help us!

So that people will live free again
not die!

Spatio-temporal orientation
constitutive of the
construction of narrative
identity

29

*The sun kept shining and
because we were under a shade
outside the compound,
the breeze kept blowing us.
Chatting continued until fade*

A small group of people are
co-present mutually engaged
in the moment of telling.



Discussion of the poetic (re)presentation

In considering the merit and contribution of the poem, I have referenced my evaluation to questions (Figure 7.1) posed by Sparkes and Douglas [SD] (2007). *Learning and Sharing Yard by Yard* is a (re)presentation of my previous representations presented in Chapters 5 and 6. The analytic representation in Chapter 5 highlighted particular fragments of the women's and health workers' lived experience in the form of themes that helped me find my way into their meaning-making processes related to malaria control and prevention through the use of ITNs. In Chapter 6 I chose two brief storied incidents to extend this understanding dialogically bringing non-human actors into the conversation [SD Q4-6]. But I did not want to 'analyse' the poem in a fragmented way. I wanted to evaluate it as a whole piece and how it worked to "enliven the senses" (Abram 2006, page 265) but I still wanted to relate to it in a dialogical way. I did this in three ways [SD Q8-10]. First I thought about it in terms of Merleau-Ponty's (2012/1945) phenomenology of perception. Second I aligned the piece with African oral tradition. Finally I returned to the characteristics of Africana Womanism and the power of affirmation.

Enlivening the senses

My first two research questions asked what was it like for women and health workers in rural Eastern Nigeria to live with the reality of the threat of malaria. [SD Q1-2] This could be re-phrased as 'How do they perceive the threat?' In Merleau-Ponty's view perception is a communion between the sentient (sensing being) and the sensible (that which is sensed). He does not suggest that one is an active subject and the other is an inactive objective phenomenon. They both act in a reciprocal way, making demands on each other. So, "a sensible that is about to be sensed poses to my body a sort of confused problem" (Merleau-Ponty 2012/1945, page 222). The sensing body has to decide how to respond to *the question posed* by the sensible, and not to an objective something. This deciding is about "nothing other than a certain manner of being in the world proposed to us from a point in space, that our body takes up..." (page 219). So, as Abram (1996) explains it, "Our most immediate experience of things...is

necessarily an experience of reciprocal encounter – of tension, communication, and commingling...coupling of the perceiving body and that which it perceives” (pages 56 and 57).

Figure 7.1: Judging the merit of the poetic representation

Do the verses resonate with the rationale for the project?

1. Intended purpose for writing research
2. Methodological approach
3. Intended audience

How do the verses intersect with:

4. Moments/events?
5. Characters?
6. Individuals?

Aesthetic merit:

7. Are they recognizable as being poetic in form?
8. Do they invite a range of interpretive responses?
9. Do they call for an aesthetic encounter between writer and reader?
10. Do they create evocative end open-ended connections to the data?

Impact:

11. Do they evoke the emotional dimensions of the storytellers’ experiences?
12. Do they affect the reader emotionally and intellectually?
13. Do they generate new questions about relevant issues?
14. Do they move people to action?

Ontological/educative authenticity:

15. Have they raised the level of awareness the participants?
16. Have they raised the awareness of others and shaped their experiences?
17. Have they been useful for stimulating reflection?

Adapted from Sparkes and Douglas (2007)

This idea of both the sentient and the sensible being active subjects seems to be evoked very effectively in the different ways the meaning of the ITN was portrayed by the voices in the poem. For example in verses 2-5 the net (the sensible) is portrayed almost as a ‘gatekeeper’ with the power to admit or refuse sleep’s entry to the sentient body. Or it ‘takes possession’ of sleep and withholds it. In verse 11 it is a potential ‘assassin’ killing by stealth while the sentient body sleeps. Merleau-Ponty (2012/1945) suggests that rather than the sentient mind thinking about the sensible object, the sensible object “...thinks itself in me,” (page 222). This is what I understand as taking over all the senses of my body. Some examples of how I think this is expressed in the poem are shown in Table 7.2 which links particular verses to the five senses of touch, smell, sight, taste, and hearing, and to mood, and autonomic fight/flight responses. I hope that this takes the reader away from just a verbal, intellectual encounter with the women’s lived experience, because it gathers together and connects up the senses to animate theirs and our attempts to makes sense of their experience. As Abram (2006) says,

...‘making sense’ must here be understood in its most direct meaning: to make sense is to *enliven the senses* (original emphasis)...to renew and rejuvenate one’s felt awareness of the world. (page 265)

African oral tradition

Africa is the home of 2,000 of the 6,000 languages spoken in the world today and many of these languages are used mostly in the oral, unwritten form (Akinyemi 2005). Therefore, we should not be surprised that oral tradition is an important means by which knowledge and cultural information are transmitted verbally within communities and from one generation to another. The novels of Chinua Achebe whose work has featured in this thesis, draw on the folk tradition of the Igbo people to represent the Igbo concepts of creation, communality, hard work, and hope. Public performance of poetry has always had an important role in preserving Nigerian culture and its core values, against whatever challenges threaten at particular times, and being a poet has often meant playing a prominent and very public role (Delap 2013).

Table 7.2: “...the sensible thinks itself in me.”
(Merleau-Ponty 2012/1945, page 222)

Verse number	Text extract	Bodily sensation
2	I feel good using it comfortable, relaxed	Mood
3	I derive pleasure and comfort	
7	I feel so good using the treated net I feel so happy	
5	I feel hot inside it If I sleep under it I will be having itches	Touch
12	The smoke drive the mosquitoes	Smell and Taste
14	Scent leaf and lemon grass! Boil it and drink with water Another one we call dogoyaro, it is bitter!	
16	You sleep like a new born baby No mosquito noise like a soldier, like people that are there for war	Hearing
21	...trying to fight those women “No you will give me because I am present now before you keep for those people that are not yet here.”	Autonomic ‘fight /flight’ responses
27	Honestly, mosquito is really dealing with us like people that are raging for war. We are really worried.	
22	They use it to decorate their bar in their house! I was very surprise I just watched it, laughed I said “Aah! This people have killed us”	Sight

In pre-colonial times Igbo folktales and poetry focused on the passing on of culture from generation to generation, and with ethical and moral behaviour in traditional African society. In colonial times the main concern was about protecting the core values of the African society against western imperialism (Falade 2013). Nowadays, the focus has widened to reflect contemporary religious, political, and social issues and conflicts (Akingbe 2014). So, for example, in the context of the war torn politics described in Chapter 2, people like Yoruba poet Niyi Osundare (1990) speak out against moral corruption and the gulf between rich and poor.

*Though rubbish builds skyscrapers in our streets
And malaria struts the lanes like a conquering demon
HEALTH FOR ALL BY THE YEAR 2000
Though kwashiorkor decimals our brood,
Our children so obese with needless hunger
HEALTH FOR ALL BY THE YEAR 2000
Though medicine merchants murder with unnatural prices
And DEATH sells at a thousand for ten kobo
HEALTH FOR ALL BY THE YEAR 2000
Though hospitals are horse-spittle
And theatre door open into crowded morgues
HEALTH FOR ALL BY THE YEAR 2000.*

(page 134, original capitals)

As I have already said, ‘*Learning and Sharing Yard by Yard*’ can only claim to move in the direction of poetry and does not pretend otherwise [SD Q7]. Nevertheless, my research purpose was to expand the body of malaria-related research in the interpretivist paradigm. I wanted to illuminate the subjective experience of malaria from a phenomenological perspective so, as a creative representation of research data, the poem could be considered in tune with a poetic urge to bring important information to public attention in an accessible and culturally resonant way [SD Q1-3]. In African oral storytelling tradition, the involvement of the community as creators as well as critics is key. So, during the story telling people do not sit around in silence, they frequently interrupt the storyteller with spontaneous additions, questions, and lively comments. Therefore, as Rosenberg (1987) points out, “Discussion, argument, and oral deliberation are not easily side-stepped in face-to-face situations” (page 76). So

both the audience and the performer co-create the performance and how each audience responds to a story determines the poem/story's evolving content and meaning (Meyer 1999).

So, any performance has to depend on many different audiences to have the final say on how effective it is, and this is especially true about a creation that is meant to be spoken out loud and interacted with, rather than just read and thought about in an intellectual way. That interactive level of evaluation is beyond the scope of this thesis. I have to consider that the poem as it stands at this moment marks only the starting point of its and my post-doctoral journey, and evaluate it from that perspective. So, I would foresee *'Learning and Sharing'* as a dynamic piece that changes content and form from place to place, as it is heard, performed, and talked about by different audiences.

Africana Womanism and affirmation

In contemporary Africa, the ancient masking traditions continue to be honored across all regions, and they are a part of Africa's cultural identity. Often magical medicines (Afose) hang around the neck of the masquerader. 'Afose' means spiritual energies/forces that make whatever the masquerader commands or says come to pass (Famule 2005). Igbo people of Eastern Nigeria refer to their masks as Egwugwu and they portray human ideals and anti-social behaviors. Consequently, they can act as a source of social commentary and a tool to exercise control. In Igbo worldview, the living make invocation for the help and support of their ancestors through powerful speech "akpoku ndi nna nna-anyi". For example, when the ancestors reincarnate as masquerade, the relatives construct powerful words to invoke their blessings and healing.

Speaking about affirmation in relation to Africana Womanism, Hamlet (2000) suggests that, from a spiritual perspective we can create our reality through speech, and likens this to the concept of 'Afose' as "the power to bring about occurrence through the power of speech." (page 222). She argues that everything we say is in some way a positive or negative affirmation of something or some state of affairs. Positive self-affirmation is an important characteristic of

Africana Womanist thinking and it was evident in Chapter 6, as the women affirmed their flexibility and adaptability in sustaining family harmony and safety in the face of multiple challenges. "...I will praise myself," as Nneka said. It was less obvious, but it was implicit in Nnenna's story that the women were affirming the power of genuine sisterhood as well as partnership with Africana men in common struggle [SD Q4-6]. I suggest that, taken as a whole, *Learning and Sharing Yard by Yard* could be seen from three different perspectives [SD Q8 and 10].

- A social commentary that condemns individual, collective, national, international, and historical 'anti-social behaviour' in relation to malaria in Nigeria.
- An affirmation by Igbo women of the core ideals of Africana Womanism in taking care of themselves in sisterhood, and at the same time striving to create and sustain a strong, healthy community, in the face of malaria threat.
- A call to arms to all in 'big house' and 'small house', to take responsibility for the survival of future generations of the living, and the living-dead (ancestors).

Has the poem made an impact? [SD Q11-14]

As I have said above, I can only evaluate the poem as a starting point for future dissemination, development and research [SD Q11-16]. Therefore, I have responded to the evaluation questions as far as possible at this time, and invite readers of this thesis to do that also. To this extent, the poem has been a powerful stimulus to my own reflexive involvement, in terms of its gradual emergence over the course of the research, and in writing this evaluative chapter [SDQ17]. I return to this reflection at the end of the thesis. I do know that it triggered a strong emotional response from Nigerian researchers when I presented it at the 2016 Royal College of Nursing International Conference in Nursing Research in Edinburgh UK (Appendix 12). They considered it to be a useful and powerful resource to work with and also an innovation in malaria research. One said, "I have never seen women's voice represented in this form, especially in malaria research." Another asked if she could show it to her

students at the nursing school. So, I am hopeful that it will not die, but be reincarnated many times over in years to come.

CHAPTER 8

DISCUSSION

"The female presence is there in all my novels. It seems as if it's not important – which is the reality of how it looks in Igbo society – till you get to a crisis which threatens survival."

Chinua Achebe – Introduction to *Anthills of the Savannah* (1987)

*They tell us it's risky business doing being,
but it is more risky being doing.
Did you hear all that, Anopheles?
How about now?
We're asking. We're good at that.
Does all life listen
at the speed of its growing?
Are we listening too loudly
or too slowly to your silence?*

Cameron Conoway (2014) – *Silence Anopheles*

Introduction

Reflecting its intention as a hermeneutic phenomenological inquiry, this research is based on three assumptions (Figure 8.1). First of all, as evidenced in the Literature Review, malaria has been a crisis for African nations for many decades, and continues to be so, therefore *malaria matters*. The second assumption is about stories and their power to reflect and influence individuals' sense of selfhood, cultural identity, and nationhood (Frank 2010). Therefore, *stories matter*. Finally, Africana women have long struggled in impoverished circumstances, and been subjected to the limitations of patriarchal structures and attitudes, and yet they have been able to respond and adapt to changing social problems and frustrations (Phillips 2006). As Figure 8.1 shows this is reflected in their determination to define and embrace a self-actualising, self-reliant, paradigm for action and being that embraces the complementarity of Africana women and men in joint struggle for a dignified and fulfilled existence. Therefore *Africana women matter*.

“Malaria matters.”

- 25 million pregnancies in Sub-Saharan Africa at risk yearly (Brown *et al.*, 2013).
- NMCP 2000-2012 - malaria accounted for an annual loss of 132 billion naira.
- Pregnant women’s worst enemy - maternal mortality estimated as 800 per 100,000 live births
- 1: 8 pregnant women dying from malaria (Obinna, 2011).
- Inconsistency in the distribution, scarcity and low usage of ITN in Nigeria (Amoran, Senbanjo and ...)

“Stories matter.”

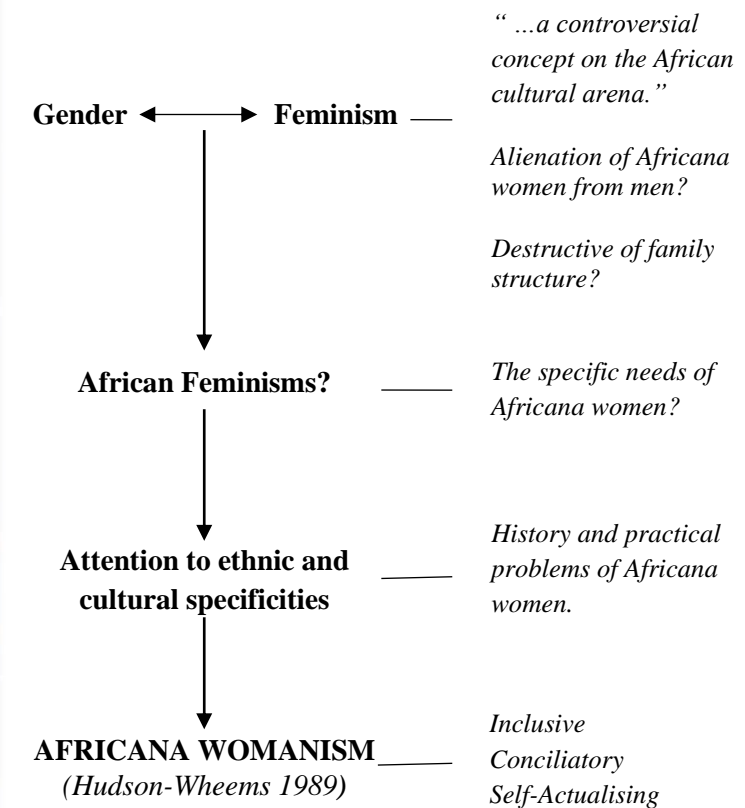
“It is the story . . . that saves our progeny from blundering like blind beggars into the spikes of the cactus fence. The story is our escort; without it, we are blind. Does the blind man own his escort? No, neither do we the story; rather it is the story that owns us and directs us.” --Chinua Achebe (1987)

"I will tell you something about stories....They aren't just entertainment... They are all we have...to fight off illness and death. You don't have anything if you don't have the stories." -- Leslie Marmon Silko, (1977)

“Stories make life good, but they also make life dangerous, they bring people together and they keep them apart.” --Arthur Frank , *Letting stories breathe* (2010)

Figure 8.1: Matters of assumption

“Africana women matter.”



In the discussion that follows I consider these three issues that matter in relation to my research questions namely,

- R1. What is it like for women (pregnant women and mothers) in rural Eastern Nigeria to live with the reality of the threat of malaria?
- R2. What is it like for health workers (midwives and nurses) who support women in rural Eastern Nigeria to live with the reality of the threat of malaria?
- R3. How do women and health workers try to make sense of their experience in relation to protecting families and the use of ITNs?
- R4. In terms of protecting themselves and their children through the use of ITNs how might their experiences and stories be positioned in relation to the big story of malaria prevention in Nigeria?

I refer to these questions as R1, R2, R3, and R4 as they arise and are linked to aspects of the discussion.

Malaria matters

Africa Malaria Day was established in 2001. It was a forerunner of what is now World Malaria Day, which was established in May 2007 by the World Health Organisation. The themes of successive World Malaria Days send a clear message that malaria continues to matter and that the battle goes on.

2016 - "End Malaria For Good"
2015 - "Invest in the future: defeat malaria"
2012 - "Sustain Gains, Save Lives"
2011 - "Achieving Progress and Impact"
2010 - "Counting malaria out"

The mission is to improve education and understanding about malaria and promote national malaria-control strategies, including community-based activities for malaria prevention and treatment in endemic areas. National corporations, multinational organizations and grassroots organizations are encouraged to work together with national and local governments to enhance awareness and advocate for changes in policy and legislation. However, in Nigeria such efforts have had only partial success, where marked inconsistency

in the distribution of the ITN, scarcity, and low usage are apparent, despite emphasis on community-based strategies for malaria control (Amoran, Senbanjo, and Asagwara, 2011, Obinna, 2011). This phenomenon is highly noticeable in the rural communities whose populace is generally marginalized in terms of social economic status and capital acquisition and education, and women and children are vulnerable. The women and health workers in this study have borne powerful witness to this.

*Echeghi m na anyi puru igbochi ya ebe a
na Amechi Awkunanw Uwani
Biko nyere anyi aka!
ka ndi mmadu di ndu ozo
ma na-anwughi*

*I don't think we can prevent it here
in Amechi Awkunanw Uwani,
Please help us!
So that people will live free again
not die!*

The fact that big stories such as ‘counting malaria out’ and ‘end malaria for good!’ persist as an experience ‘present at hand’ in a Heideggerian sense of being a subject for theoretical concern for women in the rural communities is because of many factors, which could be considered as being a problem of worldview. As defined in Chapter 2, the concept of worldview is a perceptual gaze of attitudes, values and motivations through which each person or group interprets the world. In the context of this research, conflicting worldviews have been shown in relation to how the malaria experience showed itself in the motivations of the people involved. Ray-Bennett (2009) talks about the relational aspects of soft systems theory in influencing the vulnerability and survival of women in multiple disaster situations, such as super-cyclones and flooding in India. In this theory problems are messy and circular, not linear and causal. How much people take others into consideration impacts on resource distribution and welfare outcomes. Also, relational networks have an effect on economic development, and people’s behaviour, based on such networks, affects a community’s ability to trust and collaborate (Zischka 2013), and the only approach is to aim for accommodation rather than concrete solutions. Merleau-

Ponty's view of temporality opens up a way to think about this in a Nigerian context.

Each present reaffirms the presence of the entire past that it drives away, and anticipates the presence of the entire future or the "*to-come*." (2012/1945, page 444, original emphasis)

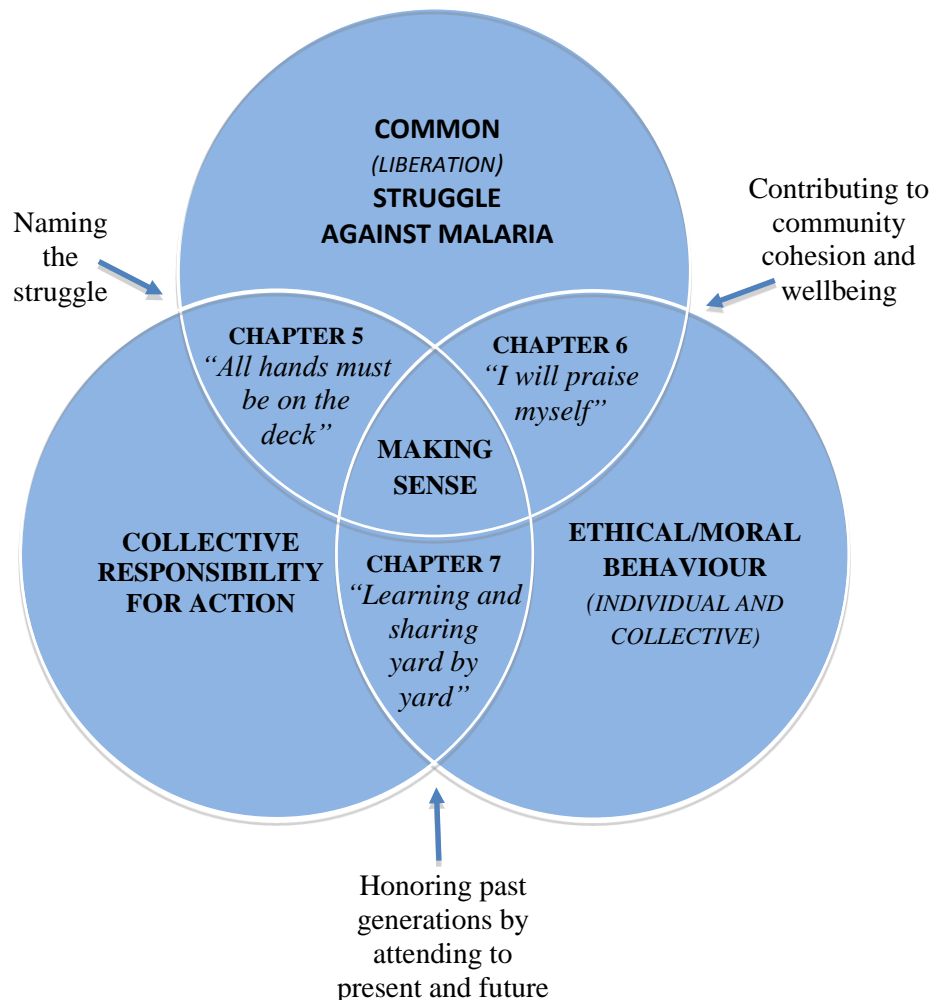
In Chapter 2 I commented on the state of affairs that African countries have a long history of colonialism and neocolonialism, consequently responsible for their redundant economic growth, development and impoverishment of the majority of the population, especially women. The assumption of corruption has become rooted in perceptions of African behavior and this puts an average Nigerian in a quandary in their everyday lived experience of survival (Smith, 2008). Nigeria's present thus, reaffirms the presence of an entire past that it still seeks to drive away, of political accommodation with former colonizers, the effect of all this has been abandonment of ethical principles by many people in favor of partisan self-interest (Fanon 1967). "Part of the liberation struggle, then, is the emancipation of ethical life" (Gordon 2007, page 127). From what the women and health workers have told us, anticipating the presence of a future where ethical life is the norm is also part of the malaria struggle for them, and they make sense of this in the everydayness of their lived-experience, through the ITN, which presents as a 'ready-to-hand' focus of concern that through their multiple interactions with its perceived 'usefulness' (or not), throws them into meaning making. This conceptualization of malaria as liberation struggle is a start towards illuminating my research questions. But we must think about what that present struggle looks like and what the presence of the 'entire future' it anticipates might be like, and for this I go back to the Igbo worldview presented in Chapter 2.

Igbo worldview

Mangena (2014) questions whether Black or White feminisms have anything to say about Africana struggle, and she suggests that latching on to such theories as feminism gives the impression that Africana ideas and theories are irrelevant or not thought through. So from the perspective of Igbo worldview, the patrilineage

concept of Umunna, and the cosmological relationship with the living-dead, (which are theories that value group belonging and collective responsibility, and the principle that each individual person's value is in their long-term contribution to the material and spiritual community) actually define Igbo ethical, metaphysical, and epistemological thought. So, it is possible to think about what it is like for the women and health workers by conceptualizing their sense-making in terms of Igbo worldview. I have done this in Figure 8.2 by linking the worldview to Chapters 5, 6 and 7.

Figure 8.2:
Conceptualising the malaria experience of the
women and health workers



The stories matter

One definition of storytelling I offered in Chapter 6 was,

...an embedded and fragmented process in which gaps are filled in by the teller and audience. (Alvarez and Urla 2002, page 40).

With this in mind, I considered everything the women and health workers said was storied in one way or another, and in the to-ing and fro-ing of conversation I made my own contributions to the stories told. As can be seen in Figure 8.2 I have thought of Chapter 5 as ‘Naming the struggle’. This is because the thematic analysis of what the women and health workers had to tell spread out and labeled all the things that were of concern for them that aroused angst or curiosity, as Heidegger would see it. And the discussion of that angst orientated it in a spatial and a temporal dimension, so I felt at that point that we were all in the clearing together and we had a better idea of what we were up against. But it was also clear that there must be a commitment to collective action by all. For the most part (but not exclusively) the themes of the women’s talk (R1) positioned this commitment at the mundane (but crucial) everyday household and local community levels. From their different vantage point (R2) the health workers could set these community concerns alongside the moral responsibility and actions of local and national government. A particular aspect of the struggle for them was to remain true to their code as health care professionals, in the face of sometimes misguided perceptions at community level, and systemic obstruction at government level. However, reflecting Chinua Achebe’s sentiments at the opening of this chapter, a central message in the Chapter 5 story was that women were the key to sustaining commitment.

“You know in a community, once you get mothers, is assume that you have gotten the whole community.”
(Health worker from Nsukka)

I felt that Chapter 6 was very much linked to how individuals fulfilled their responsibility to contribute in large and small ways to community health and wellbeing (or maybe not as the case might be). And it was important that individuals received recognition and praise for their efforts in the present time as

well as in the spirit world to come. Nneka's and Nnenna's stories did good work in opening up the discussion about these matters. The first thing to say about these two stories is that they brought in non-human actors into the discussion. The bed and the jar of spice were things of concern and the 'being-in-the-world' of Nneka and the village woman was constituted in the action the two things generated. Both the bed and the jar of spice, although they were silent, directed the group conversation and contributed to the sense-making process around 'being' and the ITNs (R3). In this spirit, Cameron Conoway's *Silence Anopheles* seems to portray malaria as a silent director of conversation that seems implicit in the lines, *They tell us it's risky business doing // being // but it is more risky being // doing*. Is this asking whether we exist as passive or active agents in relation to malaria? How much are we prepared to do, how far are we prepared to go?

But in terms of Igbo worldview the two stories showed up some very pertinent things to consider about ethical behaviour and commitment to community wellbeing. Chapter 2 looked back to premodern-traditional Africa, when there were women endowed with economic, political and spiritual power (Agozino and Anyanike 2007). Although in Igbo communities, power was distributed across groups of male elders who made most decisions, women also had a significant role in Igbo political and economic life. In fact, co-prosperity and consensus were core values among the Igbo, Yoruba, and Hausa cultures. Igbo tradition is still connected to inherited ancestral and moral practices. Prospering in the spirit world is dependent on the legacy left behind, and individuals are valued based on how much their individual success enhances the status of the community, and on how many people a person has helped. But gradual separation of culture and society in post-colonial times is considered by Adegboye (2013) to be "a major misfortune of post-colonial Nigeria" (page 209). He sees a loss of the traditional long-term perspectives and suggests that waged employment and increased systemic corruption have resulted in a growing culture of short-term gratification alien to the Nigerian, and I would say Igbo, traditional culture. This is evident in Chapters 6 and 7.

“Some will be carrying themselves up for those who do not have money..... “You know I have money, if you mess about I will lock you up in the police station....you know I have the money and I can do whatever I want to do on you.” (Chapter 6 ‘Jar of spice’ discussion)

*The challenges we have is
how to get the net.
They will say they are sharing it
this side, this place,
and when you go there
they will not give you.
Sometimes you go to the market,
see them selling it
in the market.
Selling it one thousand (#1000).
Selling it five hundred (#500).
Government should come close
and look into this.*
(Chapter 7 ‘..Yard by Yard’, verse 20))

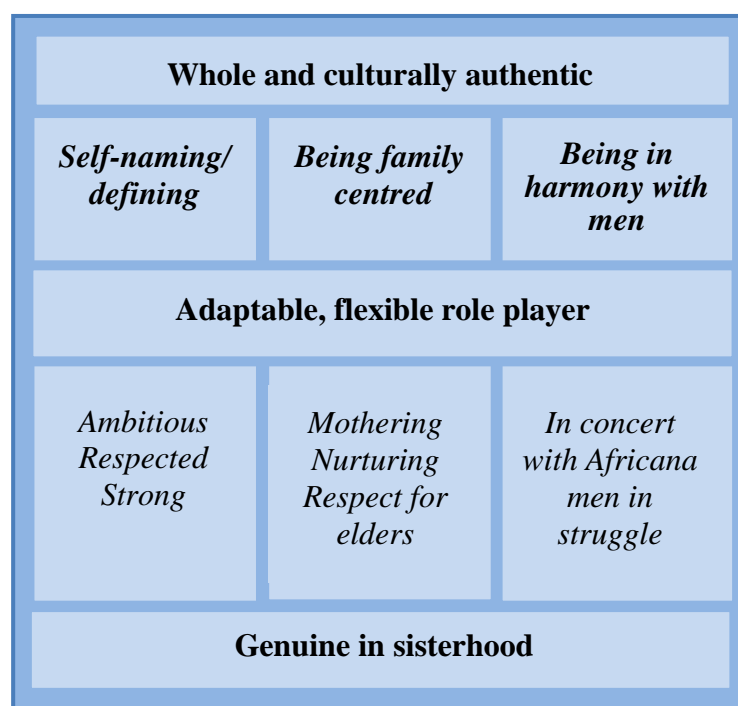
These two small stories of the jar of spice and the marketplace confrontation show how the women, who are already vulnerable, are made even more so by a changing worldview that seems to marginalize them even more in relation to the big story of ‘End Malaria for Good!’ However, this does not mean to say that the women will not fight for positive changes in the society that stay faithful to an Igbo worldview in a modern way (R4).

Africana women matter

Above I mentioned that how much people take others into consideration impacts on resource distribution and welfare outcomes, and that considerate relationships help people to trust and collaborate. Keeping relational motivations in the forefront is fundamental to people being able to adapt to change and to be able to thrive at times of crisis (Zischka 2013). If short-term self-interest takes over, individualism takes over, and the community can suffer which, as already made clear, is the opposite of Igbo worldview. One could say the idea of Africana Womanism is built around the concepts of adaptability and being in relationship. So in thinking about the important ways that all the women in the study matter

and how that mattering represents their being-in-the-world, I looked again at the list of Womanist characteristics in Chapter 4 to try to conceptualize how they fitted together for me in terms of the stories the women and health workers told (R3 and 4). In Figure 8.3 there are three key threads that hold the concept together. These are: ‘whole and culturally authentic’, ‘genuineness in sisterhood’, and ‘adaptable, flexible role player’. These support three key areas of activity, ‘self- naming/defining’, ‘being family centred’, ‘being in harmony with men’. Each focus has its own features.

Figure 8.3:
Conceptualisation of the relationship of Womanism ideals



I interpret **whole and culturally authentic** as a concern to be self-defining in relation to the spiritual realities already talked about. Also to be self-naming through concern for self-actualisation that also stays culturally connected to the life-world. So as we discovered in Chapter 6, when they raised examples of role models of different ways of being, the women and health workers made sense of their ITN experience through talk of their personal ambitions and desire

for respect in their own right (R3 and 4). They recognized and affirmed their own strength in pursuing these goals. “*I will praise myself!*” But they were not turning their back on the communal perspective of Igbo life-world, nor on the family-centred ethos, because mothering and nurturing, in present times and in future times was a dominant theme through all their discussions about malaria protection. However, as could be taken from Chapter 6 they had the same aspirations for all women in the bond of **genuine sisterhood**, so that family and community could flourish. And also this extends to supportive partnership with Africana men, who have their own important roles to play that are different.

The health workers matter

Thinking about the idea of flourishing reminded me of my role as a health professional, a nurse and a midwife (like the health workers in the study) and the idea of person-centred care, which is rooted in the idea of helping relationships in care practices, that create the conditions for those in our care to flourish, in all the ways possible for them in their circumstances. However, there is potential for conflict in healthcare practice, and so it seems appropriate here to return to the ideas of place and space discussed in Chapter 5. Titchen and McCormack (2014, page 3) define ‘human flourishing’ as “the ends and means of transformational practice development and research.” They trace the term back to Aristotle’s idea that human flourishing happens when people do what it is ‘right’ to do and when this coincides with doing what they want to do. As such they consider it a moral perspective on our being-in-the world that should resonate with us as healthcare practitioners and researchers.

The testimony of the health workers in Chapter 5 revealed how, collectively, their practiced places – hospital clinic, local village, ITN distribution points – could constitute a contested space of conflict between what they considered ‘right’ to do, in terms of good care, and what they were enabled to do by the situation around them (R2). The themes of their talk described the tension between a technological/biomedical perspective on malaria prevention, and a holistic life-world orientation, and their struggle to hold these two in balance in a way that worked for the women in their care. At the same time, what they

considered to be right to do, in terms of equity and fair dealing in delivering care (as represented by ITNs), could not be made to coincide with what they were able to do, within the constraints of inefficient and corrupt systems and structures over which they had little control. So their efforts to be self-naming through self-actualisation as culturally connected Africana health care professionals was an ongoing struggle.

Titchen and McCormack (2008, pages 64-65) have also used a poetic approach to describe the way human flourishing is in tune with the human spirit and closely connected to the natural world, and metaphorically to ecology.

Human flourishing is points of light on trees
Light transforms, enables light and death
Young saplings and ancient canopy must both flourish
To maintain the balance of the forest...
...Human flourishing is an eco-system of balancing life-death-life
Creating conditions for interdependency and
the losses and gains of each position
Fragility and strength – strength and fragility –
Dynamic balance

This poetic representation of human flourishing resonates with Igbo world-view, and also could be seen to represent the Africana woman as **adaptable flexible role player**, who is both vulnerable and strong, maintains balance in the home and community, and strives to create conditions for interdependency of Africana women and men, giving respect to what both can contribute, and honouring the experience and wisdom of elders and ancestors. Above I referred to Aristotle's moral imperative to do right, and also to Adegboye's (2013) opinion that loss of the traditional long-term perspectives and systemic corruption, have resulted in a growing culture of short-term gratification in Nigerian society. In Chapter 7 I commented on how post-colonial African oral tradition has been used to portray and criticize social and political problems in Nigeria. As Akingbe (2014) points out, contemporary Nigerian poetry actively engages the painful issue of moral corruption, and strongly satirizes what he describes as, "the maddening urge for money and material well-being" (page 62). *Learning and Sharing Yard by Yard* represented a microcosm of these concerns (Figure 8.2) embedded in the context

of malaria prevention and protection. It might be seen as a 'ready-to-hand' instrument for propagating an Igbo oriented worldview that is sympathetic to traditional cultural values, protests against discrimination and marginalization, and aims to stimulate reforms in the society. In both these aspects the health workers might be considered to be well-placed to win hearts and minds, and influence policy.

Summary

I suggest, in response to my fourth research question (R4), the ITN related experiences and stories of this group of Igbo women and health workers demonstrate the fundamental importance of their position as flexible, adaptable role players. It offers them an opportunity to make a contribution to the malaria debate, which is in keeping with oral tradition, and which aims to maintain a moral stance in the cause of human flourishing at the heart of their communities.

We may... be entering an age of greater spirituality within research efforts. The emphasis on inquiry that reflects ecological values, on inquiry that respects communal forms of living that are not Western...how our inquiries are shaped by our own historical and gendered locations...exploring (how) we can both be and promote others' being, as whole human beings. (Lincoln and Guba 2000, page 185)

Such an ecological perspective must take us back to Merleau-Ponty and the human body in its being as both able to sense (sentient) and at the same time to be sensed (sensible). Abram (1996) feels that the implications of this are that if our surroundings are experienced as sensing and watchful, then our actions must be mindful and respectful, and this enlivening of our senses will affect the quality of our relationships with our fellow human beings as well as with nature and the universe. So, in his poem Conoway asks *Anopheles* whether all life listens, and wonders how we are listening back. In the concluding chapter I consider what this research has achieved and how it might be taken forward.

CHAPTER 9

CONCLUSIONS

*Imagine Nigeria,
Becoming a sweet fruit
Like my orange juice,
Imagine Nigeria
With patriotic youths
Who speak truth and
Make my future look
Good,
Imagine Nigeria
That education carries a
Concrete foundation,
Becomes a national tool
Towards economic civilization.*

*Imagine Nigeria
Where the Elders give me
Shelter,
As helicopters isn't only
For the god fathers,
Imagine Nigeria
My area without malaria
Where the health system
Isn't a trap wearing danger,
Imagine Nigeria
During the good and bad,
We all stick together.*

Habib Akewusola

Introduction

In the introduction to this thesis, I referred to the “the plight of the average poor family with no access to insecticide-treated bed nets (ITN) and decent living conditions,” from the call on World Malaria Day (2015) for a global voice to bring attention to their plight and ease their suffering. Alongside this global perspective, in my research questions I set out my desire as an Igbo woman, mother, nurse and midwife to give voice to the small (household) experiences of rural Nigerian women (mothers and health workers), to consider how their viewpoints, perspectives, and imaginings might contribute to what I have since described as a liberation struggle against malaria in rural Nigeria. I asked questions about the lived-experience of these women and how they made sense of malaria in their daily concern to protect their children and families and each other through the use of ITNs. I chose to adopt a phenomenological hermeneutic approach to the investigation on the understanding that any meaning I uncovered would only exist in relation to my own assumptions and pre-suppositions. These

meanings emerged through the questions I asked at the beginning, and as a result of the questions I posed to the text as it presented itself to me through conversations with the women of Nsukka, Amechi, and Ngwo, and through ongoing conversation with their transcribed words as text (in saying this I followed Gadamer in considering everything as ‘text’). I think this is clear in the way that the text pushed me more and more towards a narrative approach to analysis, and I was content that this was true to “Dasein’s care as narrative in structure” (Garza 2007, page 318), and to Merleau-Ponty’s narrative expression as a way of shaping reality through subjective emotional embodiment (Merleau-Ponty 1945/1962). So, the ‘enabling fiction’ of Chapter 7 became the narrative space where the women’s and health workers’ reality and life-world experience came together. Very much because of this commitment to an existential approach I needed to be explicit and reflexive about my interconnectedness with the cultural and social context of the research, and with the research participants. It was for this reason that I have spoken with my own voice throughout the thesis to emphasize my own positioning in the interpretations and the ways of representing the life-world of the women as I was able to experience it. Framing the research within Africana Womanism allowed me to give careful attention to the cultural dimensions of that life-world as relevant to Igbo cultural traditions and cosmology. Through the metaphor of ITN the research has helped to enliven our embodied understanding of the sense-making challenges experienced by women and health workers in three rural and impoverished communities, in terms of drawing on and sustaining the enduring values and practices of their Igbo culture, but at the same time being open and responsive to the often harsh and ugly realities of more recent times. The question is what can be done next to build on this enlivened understanding?

Taking the research forward

At one point my gaze shifted and remained focused on one particular pregnant woman sitting on the back row, who was curiously reading the information sheet while others were asking questions for clarity on issues of concern. She raised her hand and said, “I want to participate in this research because it looks so interesting, but can

you explain to us where this is leading us, or what we are getting out of it? Are you going to give us net? Other researchers come and go without doing anything.... we don't even see them or the effect. Nothing is happening...the situation is still the same. Look at everywhere (swerving hands to demonstrate) no light (electricity), no water.... mosquitoes everywhere and they are still doing research. Habaa you people should do something."

As I recall reflecting on this challenge from a mother on my first day of fieldwork, I must return to the purpose of my research and consider the next steps to consolidate what I set out to achieve. In Chapter 1 I stated my research purpose:

To give voice to the small (household) experiences of rural Nigerian women (mothers and health workers), to consider how their viewpoints, perspectives, and imaginings might contribute to the fight for a malaria-free Nigeria.

I promised to return to the three communities with the outcomes of the research and this will be my first step. What will I be taking back? I will return with our co-constructed narrative, *Learning and Sharing Yard by Yard*. This text, together with my fieldwork reflections, stands as a synopsis of the project as a whole, which will be accessible and practical for the women to engage within a critical way. It is a limitation of this research that the performance text is still only at an early stage, and so it has not benefitted from a thorough critique by the participants who co-authored it up to this point. Therefore, on my return I will be exploring some important questions with the women as follows:

1. Have I understood, responded to and used their stories in a way that shows an authentic connection to their experience?
2. Does my (re)presentation intersect appropriately with Igbo cultural values and beliefs as they want to see it?
3. Altogether does the text show sufficient depth, detail, emotion, nuance, and coherence?

Following up on their feedback I intend to invite participants to come together with me as a consultation/action group to formulate some recommendations. I suggest that another limitation of the research is that the emotional connection and human energy is restricted by sticking firmly to a verbatim poetic representation. Therefore, one recommendation could be to take the idea of an ‘enabling fiction’ further and actually develop fictional characters, who might be composites of the women themselves. This could be taken in different directions such as ethnodrama (Saldaña 2011), and performance poetry, as already mentioned. These approaches could create a space to privilege the voices of this small group of Igbo women and others too. Akinyemi (20014, page 34) points out that “...it is also important to recognize the extent to which African cultural innovators have seized upon the opportunities offered by the media to revitalize their traditions and generate new forms”. Therefore this space might be actual or virtual, such as video and web-based media to impact on a wide range of audiences.

Implications of the study for health workers in Nigeria

Chapter 8 demonstrated that women matter in the battle against malaria. Also, *‘Learning and sharing yard by yard’* was identified as a ‘ready-to-hand instrument for propagating an Igbo oriented worldview that is sympathetic to traditional cultural values, protests against discrimination and marginalization, and aims to stimulate reforms in the society. In Chapter 5 the health workers felt strongly that it was their professional responsibility to provide effective education to local women, so they would be able to make informed decisions about their acceptance of ITNs and other health programs. They felt that utilizing every available opportunity to reach out to these women should be grasped. *‘Learning and sharing yard by yard’* has much potential to transmit professional and technical knowledge from health workers to mothers in a culturally authentic way, which might facilitate women’s acceptance of health programs. The fact that it is rooted in the lived experience of ordinary women could enhance trust in the integrity of the health education messages, because of its direct affiliation to the people and not the government. Therefore, working with health workers

specifically, to optimize the poem's impact along these lines is an important way forward.

The health workers also had strong views on the need for partnership between government and wider aid agencies. They felt that better communication between the two would improve government understanding of the environmental context and pressures that people face in their local communities, as well as increasing availability and accessibility of ITNs. In examining the power of stories to open up portals to a wider stage in Chapter 6, the women talked about some high profile Igbo women who they considered to be role models. One of these was Dr. Oby Ezekwesili founder of a graduate school of public policy in Abuja, Nigeria and a former Education Minister. This is a reminder that on the wider political stage women do have power and influence, for example, the current Deputy Governor of Enugu State is a woman. Women are also to be found in the House of Representatives, and Christian women leaders are influential in shaping local opinion. At the village level the patriarchal leaders within the 'Umunna' system of community have less privileged, but still, influential female counterparts who take on some community leadership roles (my own grandmother was one of these). Health workers at community level are well placed to win hearts and minds, and influence policy, by acting as a conduit between these layers of influential women. Their ownership of the key output from this research, in various formats, could provide an effective mechanism to bring the mothers' voices to the bigger stage.

Summary

The war torn period that Nigeria is currently going through is characterized in the words of poet Habib Akewusola above, whose words also opened Chapter 1. This war has been a sinister backdrop to the research and affected both the women and me as I have worried about the well-being of my own children and family back home. Experience has shown that those able to rise up in revolution against oppression, are not always the same ones able to exercise a fair and ethical society in times of stability, and peace and that national and global rhetoric does not necessarily bear fruit in deeds. But, as this research shows us,

in spite of everything, women in the smallness of their homes, and in the paradoxical everydayness of their lives, work constantly in small and often uncelebrated ways, in the narrative space between hope and despair. The women of Nsukka, Amechi, and Ngwo hold on to a vision for better times in the present that will be worthy of those who live with us still in the realm of our ancestors. They will keep malaria on the agenda.

“As we drove back to Enugu, I laughed loudly, above Fela's stringent singing. I laughed because Nsukka's untarred roads coat cars with dust in the harmattan and with sticky mud in the rainy season. Because the tarred roads spring potholes like surprise presents and the air smells of hills and history and the sunlight scatters the sand and turns it into gold dust. Because Nsukka could free something deep inside your belly that would rise up to your throat and come out as freedom song. As laughter.”

Chimamanda Ngozi Adichie (2003) – *Purple Hibiscus*



REFERENCES

Aaronette, M. W. (2007) All the Men are Fighting for Freedom, All the Women are Mourning Their Men, But Some of Us Carried Guns: Fanon's Psychological Perspectives on War and African Women Combatants. *Journal of Women in Culture and Society*, 32 (4)

http://genderandsecurity.org/sites/default/files/aaronette_white_working_paper_302.pdf Accessed 22.06.2016

Abdullahi, A.A., Senekal, A., Van Zyl-Schalekamp, C., Amzat, J. and Saliman, T. (2012) Contemporary Discourses in Qualitative Research: Lessons for Health Research in Nigeria. *African Sociological Review/Revue Africaine de Sociologie*, 16(1), pp.19-40.

Abram, D. (1996) *The spell of the sensuous*; New York, Vintage Books.

Achebe, C. (1987) *Anthills of the Savannah*; London, Penguin Modern Classics.

Achebe, C. (1958) *Things Fall Apart*; London, Penguin Books.

Adegboye, M. (2013) The Applicability of Management Theories in Nigeria: Exploring the Cultural Challenge. *International Journal of Business and Social Science* 4 (10): 205-215.

Adeite, A. (2013) The Moonlight Melodrama.

http://www.poetrysoup.com/poem/the_moonlight_melodrama_483030 Accessed 02.06.2016

Adeyemi, A.S., Adekanle, D.A. and Akinola, S.E. (2007) Use Prevalence of Insecticide-Treated Mosquito Bed Nets among Pregnant Population in Osogbo, Nigeria. *Nigerian Medical Practitioner*, 52(2), pp.29-32.

Adichie C. N. (2003) *Purple Hibiscus*. Chapel Hill, North Carolina, Algonquin Books of Chapel Hill (page 219).

Afolabi, B.M., Sofola, O.T., Fatunmbi, B.S., Komakech, W., Okoh, F., Saliu, O., Otsemobor, P., Oresanya, O.B., Amajoh, C.N., Fasiku, D. and Jalingo, I. (2009) Household possession, use and non-use of treated or untreated mosquito nets in two ecologically diverse regions of Nigeria–Niger Delta and Sahel Savannah. *Malaria Journal*, 8(1), p.1.

Agozino B Anyanike L (2007) Imu Ahia: traditional Igbo business school and global commerce culture. *Dialectical Anthropology*, 31: 233-252.

Aina, B.A. and Ayeni, F.A. (2011) Knowledge and use of insecticide treated nets as a malaria preventive tool among pregnant women in a local government

area of Lagos state, Nigeria. *Journal of Applied Pharmaceutical Science*, 1(7), p.162.

Akewusola, H. (2012) Imagine Nigeria.

http://www.poetrysoup.com/poem/imagine_nigeria_414395 Accessed 18.08.2012

Akinyemi, A. African Oral Tradition Then and Now: A Culture in Transition *Centrepont Humanities Edition*, 14(1): pp. 27-51

Akingbe, N. (2014) Speaking denunciation: satire as confrontation language in contemporary Nigerian poetry. *Afrika Focus*, 27(1): 47-67.

Alaii, J.A., Van Den Borne, H.W., Kachur, S.P., Mwenesi, H., Vulule, J.M., Hawley, W.A., Meltzer, M.I., Nahlen, B.L. and Phillips-Howard, P.A. (2003) Perceptions of bed nets and malaria prevention before and after a randomized controlled trial of permethrin-treated bed nets in western Kenya. *The American journal of tropical medicine and hygiene*, 68(4 suppl), pp.142-148.

Alkali, F. (1995) A woman's fate. In Z. Alkali & A. Imifeld (Eds). *Vultures in the air: voices from Northern Nigeria* (pp.113). Ibadan: Spectrum Books Ltd.

Alvarez, A. and Urla, J. (2001) Tell Me a Good Story: Using narrative analysis to examine information requirements interviews during an ERP implementation. *The DATA BASE for Advances in Information Systems*, 33(1): 38-52.

Amoran, O.E., Senbanjo, I.O. and Asagwara, C.E. (2011) Determinants of insecticide treated nets use among youth corp members in Edo State, Nigeria. *BMC public health*, 11(1), p.1.

Ankomah, A., Adebayo, S.B., Arogundade, E.D., Anyanti, J., Nwokolo, E., Ladipo, O. and Meremikwu, M.M. (2012) Determinants of Insecticide-treated net ownership and utilization among pregnant women in Nigeria. *BMC Public Health*, 12(1), p.1.

Ankomah, A., Adebayo, S.B., Arogundade, E.D., Anyanti, J., Nwokolo, E., Inyang, U., Ipadeola, O.B. and Meremiku, M. (2014). The effect of mass media campaign on the use of insecticide-treated bed nets among pregnant women in Nigeria. *Malaria research and treatment*, 2014.

Anunobi, F.O. (2003) The role of women in economic and political development in contemporary Africa. *Negro Educational Review*, 54(3-4), pp.61-77.

Anyeahie, U.S.B., Nwagha, U.I., Aniebue, P.N. and Nwagha, T.U. (2011) The effect of free distribution of insecticide-treated nets on asymptomatic Plasmodium parasitemia in pregnant and nursing mothers in a rural Nigerian community. *Nigerian journal of clinical practice*, 14(1). pp.19-22

Aspers, P. (2004) Empirical phenomenology: An approach for qualitative

research. Papers in Social Research Methods, Qualitative Series 9. London: London School of Economics and Political Science Methodology Institute.

Asselin, M. E. (2003) Insider research: Issues to consider when doing qualitative research in your own setting. *Journal for Nurses in Staff Development*, 19(2), 99-103.

Atieli, F.K., Munga, S.O., Ofulla, A.V. and Vulule, J.M. (2010) The effect of repeated washing of long-lasting insecticide-treated nets (LLINs) on the feeding success and survival rates of *Anopheles gambiae*. *Malaria Journal*, 9(1), p.1.

Azondekou, R., Gnanguenon, V., Oke-Agbo, F., Houevoessa, S., Green, M. and Akogbeto, M. (2014) A tracking tool for long-lasting insecticidal (mosquito) net intervention following a 2011 national distribution in Benin. *Parasites & Vectors*, 7(1), p.1.

Azuonye, C. (2011) 'The White Man Laughs': Commentary on the Satiric Dramatic Monologues of Gabriel Okara. *Africana Studies Faculty Publication Series*. Paper 3. http://scholarworks.umb.edu/africana_faculty_pubs/3 Accessed 07.07.2016

Bankoff, G. (2004) Time is of the essence: disasters, vulnerability and history. *International Journal of Mass Emergencies and Disasters*, 22(3), pp.23-42.

Baynham, M. (2003) Narratives in space and time: beyond backdrop accounts of narrative orientation. *Narrative Inquiry*, 13(2): 347–366.

Beer, N., Ali, A.S., Eskilsson, H., Jansson, A., Abdul-Kadir, F.M., Rotllant-Estelrich, G., Abass, A.K., Wabwire-Mangen, F., Björkman, A. and Källander, K. (2012) A qualitative study on caretakers' perceived need of bed-nets after reduced malaria transmission in Zanzibar, Tanzania. *BMC Public Health*, 12(1), p.606.

Belay, M. and Deressa, W. (2008) Use of insecticide treated nets by pregnant women and associated factors in a pre-dominantly rural population in northern Ethiopia. *Tropical Medicine & International Health*, 13(10), pp.1303-1313. Available at: <http://www.ncbi.nlm.nih.gov/pubmed/18937746>

Boeije, H. (2009) *Analysis in qualitative research*. Sage publications.

Chipwaza, B., Mugasa, J.P., Mayumana, I., Amuri, M., Makungu, C. and Gwakisa, P.S. (2014) Community knowledge and attitudes and health workers' practices regarding non-malaria febrile illnesses in eastern Tanzania. *PLoS Negl Trop Dis*, 8(5), p.e2896.

Boyce Davies, C. (1994) *Black Women, Writing and Identity. Migrations of the subject*; London, New York, Routledge.

Brocki, J. and Wearden, A. (2006) A critical evaluation of the use of interpretativephenomenological analysis (IPA) in health psychology. *Psychology and Health*, 21 (1): 87-108.

Brooks, J., McCluskey, S., Turley, E. L. and King, N. (2015) The Utility of Template Analysis in Qualitative Psychology Research. *Qualitative Research in Psychology*, 12 (2): 202-222.

Butler-Kisber, L. (2002) Artful portrayals in qualitative inquiry: The road to found poetry and beyond. *The Alberta Journal of Educational Research*, XLVIII(3), 229–239.

Chukwuelobe, M.C. (2014) Thanatology: The Igbo/African Metaphysics Sense and Value of Death. *Open Journal of Philosophy* 2014. Vol.4, No.1, 85-89.
(<http://www.scirp.org/journal/ojpp>) <http://dx.doi.org/10.4236/ojpp.2014.41012>.
Accessed 27.04.2016

Chukwuemeka, M.C. (1997) The Ultimate Being in Igbo Ontology. PhD Thesis, Faculty of the Social Sciences of the University of Nigeria.
http://www.unn.edu.ng/publications/files/The%20Ultimate%20Being%20in%20Igbo%20OntologyMBAEGBU,%20C.%20Chukwuemeka_.pdf Accessed 21.07.2016.

Chukwuocha, U.M., Dozie, I.N.S., Onwuliri, C.O.E., Ukaga, C.N., Nwoke, B.E.B., Nwankwo, B.O., Nwoke, E.A., Nwaokoro, J.C., Nwoga, K.S., Udujih, O.G. and Iwuala, C.C. (2010) Perceptions on the use of insecticide treated nets in parts of the Imo River Basin, Nigeria: implications for preventing malaria in pregnancy. *African Journal of reproductive health*, 14(1).pp. 117-128.

Conoway, C. (2014) *Malaria Poems*; East Lansing, Michigan State University Press, page 3.

Corbin Dwyer, S, Buckle, J.L. (2009) The space between: On being and insider-outsider in qualitative research. *International Journal of Qualitative Methods*, 8(1): 54-63.

Cousin, G. (2009) *Researching learning in higher education: an introduction to contemporary methods and approaches*. [online] New York: Routledge.

Available at:

<http://wlv.summon.serialssolutions.com/2.0.0/link/0/eLvHCXMwY2BQMDRJNEtJNk0yM0kxBrZG05LTgJVicopxqnlKorlhUjLKSftlpbmbEANTap4og6Sba4izh255Tlk8dAwjHrQdElgbiTHwJoIWfueVgDeIpUgwKBglJRubJAMr1URgRW NpCewbJlmmmqZYJJklGiSaJKcCAOJcJPw> Accessed 21.07.2015.

Cross, V, McGowan, J, McCrum, C, Defever, E, Stenner, P, Lloyd, P, Poole R. and Moore A.P. (2016) “It sounds like a drama.” Hearing stories of chronic low back pain through poetic (re)presentation. *Journal of Humanities in Rehabilitation*. Published online at:

https://scholarblogs.emory.edu/journalofhumanitiesinrehabilitation/files/2016/11/JHR_Fall_2016_Cross-1.pdf7

- Curtis, C.F. and Mnzava, A.E. (2000)** Comparison of house spraying and insecticide-treated nets for malaria control. *Bulletin of the World Health Organization*, 78(12), pp.1389-1400.
- De Certeau, M. (1988)** *The practice of everyday life*. Berkeley, CA: University of California Press.
- Declaration, B. (1995)**, September. Platform for Action. In *Fourth World Conference on Women* (Vol. 15, p. 2).
- Delap, M. (2013)** Nigerian Poetry - Black Star or Black Hole? <http://magmapoetry.com/archive/magma-37-2/articles/nigerian-poetry-black-star-or-black-hole/> Accessed 7.03.2016
- Delica-Willison, Z. and Willison, R. (2004)** Vulnerability reduction: a task for the vulnerable people themselves. *Mapping vulnerability: disasters, development and people*. Earthscan, London, pp.145-158.
- Denzin, N.K. (2014)** *Interpretive Autoethnography* (second edition); London, Sage.
- Denzin NK (2001)** The reflexive interview and a performative social science. *Qualitative Research*, 1(1): 23-46.
- Ejumudo, K.B.O. (2013)** Gender equality and women empowerment in Nigeria: The desirability and inevitability of a pragmatic approach. *Developing Country Studies*, 3(4).
- Eng, J.L.V., Thwing, J., Wolkon, A., Kulkarni, M.A., Manya, A., Erskine, M., Hightower, A. and Slutsker, L. (2010)** Assessing bed net use and non-use after long-lasting insecticidal net distribution: a simple framework to guide programmatic strategies. *Malaria Journal*, 9(1), p.1.
- Ekpe, D.E., Aloba, E.E. and John, E.I. (2014)** Women gender equality in Nigeria: a critical analysis of socio-economic and political (gender issues). *Journal Research in Peace Gender and Development*, 4(1), pp.15-20.
- Famule, O.A. (2005)** Art and Spirituality: The Ijumu Northern-Eastern Yoruba Egúngún. A Dissertation Submitted to the Faculty of the Department of ArtThe University of Arizona.
http://www.obafemio.com/uploads/5/1/4/2/5142021/egungun_ijumu.pdf
Accessed 12.06 2015
- Falade, A.D., (2013)** Oral Tradition in Africa: Poetry as a means of preserving cultural heritage and engendering social change among the Yoruba people.

[http://www.academia.edu/7728284/ORAL TRADITION IN AFRICA POETRY AS A MEANS OF PRESERVING CULTURAL HERITAGE AND ENGENDERING SOCIAL CHANGE AMONG THE YORUBA](http://www.academia.edu/7728284/ORAL_TRADITION_IN_AFRICA_POETRY_AS_A_MEANS_OF_PRESERVING_CULTURAL_HERITAGE_AND_ENGENDERING_SOCIAL_CHANGE_AMONG_THE_YORUBA) Accessed 12.11.2016

Fanon, F. (1967) *Black Skin, White Masks*. Translated by Charles Lamm Markman. New York: Grove Press.

Feachem, R. and Sabot, O. (2008) A new global malaria eradication strategy. *The Lancet*, 371(9624), pp.1633-1635.

Feachem, R.G., Phillips, A.A., Hwang, J., Cotter, C., Wielgosz, B., Greenwood, B.M., Sabot, O., Rodriguez, M.H., Abeyasinghe, R.R., Ghebreyesus, T.A. and Snow, R.W. (2010) Shrinking the malaria map: progress and prospects. *The Lancet*, 376(9752), pp.1566-1578.

Frank, A.W. (2010) *Letting stories breath. A socio-narratology*. London, Chicago, The University of Chicago Press.

Frey, C., Traoré, C., De Allegri, M., Kouyaté, B. and Müller, O. (2006) Compliance of young children with ITN protection in rural Burkina Faso. *Malaria Journal*, 5(1), p.1.

Gadamer, H-G. (1986) *The relevance of the beautiful and other essays* (translated by Nicholas Walker); Cambridge, Cambridge University Press.

Gadamer, H-G. (2004/1975) *Truth and Method* (translated by Joel Weinsheimer and Donald Marshall); London, Continuum International Publishing Group.

Galvin, K., Petford, N., Ajose, F. and Davies, D. (2011) An exploratory qualitative study on perceptions about mosquito bed nets in the Niger Delta: what are the barriers to sustained use?. *Journal of multidisciplinary healthcare*, 4, pp.73-83.

Garikipati, S. (2008) The impact of lending to women on household vulnerability and women's empowerment: evidence from India. *World Development*, 36(12), pp.2620-2642.

Garza, G. (2007) Varieties of Phenomenological Research at the University of Dallas: An Emerging Typology, *Qualitative Research in Psychology*, (4)4: 313-342, <http://dx.doi.org/10.1080/14780880701551170> Accessed 24.03.2016.

Giddens, A. (2006) *Sociology*. 5th ed. USA: Polity Press.

Georgakopoulou, A. (2015) *Small Stories Research: Methods – Analysis - Outreach*. In De Fina A. Georgakopoulou A. (Eds.) *The Handbook of Narrative Analysis*; London, Wiley-Blackwell.

Gikandi, P.W., Noor, A.M., Gitonga, C.W., Ajanga, A.A. and Snow, R.W. (2008) Access and barriers to measures targeted to prevent malaria in pregnancy in rural Kenya. *Tropical Medicine & International Health*, 13(2), pp.208-217.

Glesne, C. (1997) The rare feeling: re-presenting research through poetic transcription. *Qualitative Inquiry*; 3(2): 202–221.

Golooba-Mutebi, F. (2011) Maternal health delivery in Rwanda and Uganda: exploring source of success and failure, paper presented at the rethinking development in an Age of scarcity and uncertainty conference, DSA/EADI, York, 19-22 September.

Gordon, L.R. (2007) Problematic People and Epistemic Decolonization Toward the Postcolonial in Africana Political Thought. In Persram N. (ed) *Postcolonial Political Theory*; Plymouth UK Lexington Books, (Chapter 6).

Hamlet, J.D. (2000) Assessing Womanist Thought: The rhetoric of Susan L Taylor. In In Phillips L. (ed.) (2006) *The Womanist Reader*; New York, London, Routledge.

Hanson, K., Kikumbih, N., Schellenberg, J.A., Mponda, H., Nathan, R., Lake, S., Mills, A., Tanner, M. and Lengeler, C. (2003) Cost-effectiveness of social marketing of insecticide-treated nets for malaria control in the United Republic of Tanzania. *Bulletin of the World Health Organization*, 81(4), pp.269-276.

Heidegger, M. (1962) *Being and Time*. Translated by Macquarrie J. and Robinson E. Malden MA, Oxford UK, Blackwell Publishing

Herman, D. (2009) *Basic Elements of Narrative*. Malden, MA: Wiley-Blackwell.

Hill Collins, P. (1996) Womanism, Black Feminism, and Beyond. In Phillips L. (ed.) (2006) *The Womanist Reader*; New York, London, Routledge.

Hooks, B. (1982) *Ain't I A Woman. Black Women and Feminism*. London, Pluto Press.

Hudson-Weems, C. (1993) *Africana Womanism: Reclaiming Ourselves*. Michigan, Bedford Publishers

Hudson-Weems, C. (1989) Cultural and agenda conflicts in academia: Critical issues for Africana Women's studies. In Phillips L. (ed.) (2006) *The Womanist Reader*; New York, London, Routledge.

Hunter, G.C., Scandurra, L., Acosta, A., Koenker, H., Obi, E. and Weber, R. (2014) "We are supposed to take care of it": a qualitative examination of care and repair behaviour of long-lasting, insecticide-treated nets in Nasarawa State, Nigeria. *Malaria Journal*, 13(1), p.1.

Idowu, O.A., Sam-Wobo, S.O., Oluwole, A.S. and Adediran, A.S. (2011) Awareness, possession and use of insecticide-treated nets for prevention of malaria in children under five in Abeokuta, Nigeria. *Journal of paediatrics and child health*, 47(3), pp.117-121.

Ifeanyi, M. (2006) Mainstreaming Gender Policy in Nigeria
<http://www.gamji.com/article6000/NEWS6593.htm> Accessed 12.06.2016

IsoIa, G. (1997) “Isokan” In Akewi Nke, Iwe Kin-in-ni. Osogbo: Sumob Publishers pp. 32

Iwu, R.U., Ijioma, B.C., Egeruoh, A.S., Awurum, I.N. and Ohalete, C.N. (2010) Awareness and use of insecticide treated net among pregnant women attending antenatal clinic at Federal Medical Centre and General Hospital Owerri, Imo State. Report and Opinion, 2 (12). 154-157

Iyaniwura, C.A., Ariba, A. and Runshewe-Abiodun, T. (2008) Knowledge, use and promotion of insecticide treated nets by health workers in a suburban town in south western Nigeria. *Nigerian journal of clinical practice*, 11(2), pp.149-154.

Killeen, G.F. and Smith, T.A. (2007) Exploring the contributions of bed nets, cattle, insecticides and excitorepellency to malaria control: a deterministic model of mosquito host-seeking behaviour and mortality. *Transactions of the Royal Society of Tropical Medicine and Hygiene*, 101(9), pp.867-880.

Kruger-Ross, M. (2015) Raising the Question of Being in Education by Way of Heidegger’s Phenomenological Ontology. *Indo-Pacific Journal of Phenomenology* Volume 15(2): 1-12

Labov, W. (1972) *Language in the Inner City: Studies in the Black English Vernacular*. Philadelphia: University of Pennsylvania Press.

Lagerberg, R.E. (2008) Malaria in pregnancy: a literature review. *Journal of Midwifery & Women’s Health*, 53(3), pp.209-215.

Laverack, G. (2009) Public Health: Power, Empowerment and Professional Practice. 2nd ed. Hampshire: Palgrave Macmillan.

Lengeler, C. (2004) Insecticide-treated bed nets and curtains for preventing malaria. *Cochrane Database Syst Rev*, 2(2).

Lowenstein, A. J., Foord–May, L. and Romano, J. C. (2009) *Teaching Strategies for Health Education and Health Promotion working with Patients, families and communities*. 5th ed.

Lincoln, Y. and Guba, E. (2000) Paradigmatic controversies, contradictions, and emerging confluences. Chp 6 in Denzin, N. and Lincoln, Y. (2000) (Eds.) *Handbook of Qualitative Research*. (2nd Edition). London: Sage.

Luka, R.C. (2011) Women and political participation in Nigeria: The imperative of empowerment. *Journal of Social Science and Public Policy*, 3, pp.24-37.

Maiangwa, B., Uzodike, U.O., Whetho, A. and Onapajo, H. (2012) " Baptism by fire": Boko Haram and the reign of terror in Nigeria. *Africa Today*, 59(2), pp.40-57.

Margaret, T. (2009) *Evaluating Health Promotion: Practice and methods*. 2nd ed. Oxford: University Press.

Mangena, F. (2014) Can Africana women truly embrace ecological feminism? *Filosofia Theoretica: Journal of African Philosophy, Culture and Religions*. 3(2). <http://dx.doi.org/10.4314/ft.v3i2.8> Accessed 01.08.2016.

Marshall, M.N. (1996) Sampling for qualitative research. *Family practice*, 13(6), pp.522-526.

Matera, M., Bastian, M., Kent, S.K. and Kent, S.K. (2011) *The Women's War of 1929: Gender and Violence in Colonial Nigeria*. Springer.

Matovu, F., Goodman, C., Wiseman, V. and Mwengee, W. (2009) How equitable is bed net ownership and utilisation in Tanzania? A practical application of the principles of horizontal and vertical equity. *Malaria Journal*, 8(1), p.1. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2695473/>

Mbachu, C.O., Onwujekwe, O.E., Uzochukwu, B.S., Uchegbu, E., Oranuba, J. and Ilika, A.L. (2012) Examining equity in access to long-lasting insecticide nets and artemisinin-based combination therapy in Anambra state, Nigeria. *BMC Public Health*, 12(1), p.1.

Mbachu, C.O., Uzochukwu, B.S., Onwujekwe, O.E., Ilika, A.L. and Oranuba, J. (2013) How do health workers perceive and practice monitoring and evaluation of malaria control interventions in South-east Nigeria?. *BMC health services research*, 13(1), p.1.

Mbanugo, J.I., Ukibe, N.R. and Ikeakor, L.C. (2013) Level of awareness and use of insecticide treated bed nets among pregnant women attending antenatal clinics in Anambra State, South Eastern Nigeria. *Journal of public health and epidemiology*, 5(9), pp.391-396.

Mbonye, A.K., Neema, S. and Magnussen, P. (2006) Preventing malaria in pregnancy: a study of perceptions and policy implications in Mukono district, Uganda. *Health policy and planning*, 21(1), pp.17-26.

Mearns, Jack. (2004) The Social Learning Theory of Julian Rotter. [Online]. <http://psych.fullerton.edu/jmearns/rotter.htm>. February 22, 2005

McCormack, B. and Titchen, A. (2014) No beginning, no end: an ecology of human flourishing. *FoNS 2014 International Practice Development Journal* 4(2): 1-21. <http://www.fons.org/library/journal.aspx> Accessed 15.05.2016.

Merleau-Ponty, M. (2012) *Phenomenology of perception*; London, Routledge.

- Meyer, M. (1999)** *The Bedford Introduction to Literature*. New York: Quebec Press. Cited in Ogbalu, J.U. (2011) op. cit.
- Moghadam, V.M. (2005)** The feminization of Poverty and Women's human rights. Gender Equality and Development Section. SHS Papers in Women's Studies/Gender Research No. 2. Division of Human Rights, Social and Human Sciences Sector.
- Molyneux, D. and Nantulya, V.M. (2004)** Linking disease control programmes in rural Africa: a pro-poor strategy to reach Abuja targets and millennium development goals. *British Medical Journal (BMJ)*, 328(7448), pp.1129-1132.
- Mor G, Cardenas I (2010)** The immune system in pregnancy: a unique complexity. *American Journal of Reproductive Immunology*, 63(6), pp. 425-433.
- Morris, J. (2006)** The implications of either 'discovering' or 'constructing' categories of description in phenomenographic analysis *Challenging the Orthodoxies Conference. Middlesex University*. [online].
- Mulhall, S. (2005)** *Heidegger and Being and Time* 2nd edition; London, Routledge.
- Musa, O.I., Salaudeen, G.A. and Jimoh, R.O. (2009)** Awareness and Use of Insecticides Treated Nets Among Women Attending Antenatal Clinic in Northern State of Nigeria.[online] *Journal of Pakistan Medical Association*. 59 (6), pp. 354-358 Available at: <http://www.ncbi.nlm.nih.gov/pubmed/19534367> Accessed 15.02.2013
- Nabarro DN, Tayler EM (1998)** The "Roll Back Malaria" Campaign. *Science*. 280, pp. 2067-2068.
- Nájera, J.A. (2001)** Malaria control: achievements, problems and strategies. *Parassitologia*, 43(1-2), pp.1-89.
- Neumayer, E. and Plümper, T. (2007)** The gendered nature of natural disasters: The impact of catastrophic events on the gender gap in life expectancy, 1981–2002. *Annals of the Association of American Geographers*, 97(3), pp.551-566.
- Nfah-Abbenyi, J.M. (1997)** Gender in African Women's Writing. Bloomington and Indianapolis, Indianapolis University Press.
- Njoroge, F.K., Kimani, V.M., Ongore, D. and Akwale, W.S. (2009)** Use of insecticide treated bed nets among pregnant women in Kilifi District, Kenya. *East African medical journal*, 86(7).
- Noor, A.M., Mutheu, J.J., Tatem, A.J., Hay, S.I. and Snow, R.W. (2009)** Insecticide-treated net coverage in Africa: mapping progress in 2000–07. *The Lancet*, 373(9657), pp.58-67.

- Nwakanma, O. (2015)** Stealing is not corruption, it is a crime.
<http://www.vanguardngr.com/2015/03/stealing-is-not-corruption-it-is-a-crime/>
- Nwoye, C.M.A. (2011)** Igbo cultural and religious worldview: An insider's perspective *International Journal of Sociology and Anthropology*, 3(9)304-317.
- Nwoye, M. (2007)** Gender responsive entrepreneurial economy of Nigeria: Enabling women in a disabling environment. *Journal of International Women's Studies*, 9(1), p.167.
- Obinna, C. (2011)** *Malaria: A pregnant woman's worst enemy [online]. 19(3), pp. 48-57*
- O'Brien, M.J., Squires, A.P., Bixby, R.A. and Larson, S.C. (2009)** Role development of community health workers: an examination of selection and training processes in the intervention literature. *American journal of preventive medicine*, 37(6), pp.S262-S269.
- Ochs, E. and Capps, L. (2001)** *Living Narrative*. Cambridge, MA: Harvard University Press.
- Ogbalu, J.U. (2011)** *UJAH: Unizik Journal of Arts and Humanities*, 12(10); pp. 53-75.
- Ogbodo, S.O., Nwagha, U.I., Okaka, A.N.C., Ogenyi, S.C., Okoko, R.O. and Nwagha, T.U. (2009)** Malaria parasitaemia among pregnant women in a rural community of eastern Nigeria; need for combined measures. *Nigerian Journal of Physiological Sciences*, 24(2).
- Okara, G. (2016/1983)** *Collected Poems*. Edited by Brenda Marie Osbey, Lincoln and London, University of Nebraska Press.
- Okeibunor, J.C., Onyeneho, N.G. and Okonofua, F.E. (2010)** Policy and programs for reducing maternal mortality in Enugu State, Nigeria. *African Journal of Reproductive Health*, 14(3), pp.19-30.
- Okoko BJ, Enwere G, Ota MO (2003)** The epidemiology and consequences of maternal malaria: a review of immunological basis. *Acta Tropica*. 87, pp.193–205.
- Okri, B. (2012)** New Year Poem: 'O that Abstract Garden' in *Wild London*, Rider (Ebury Publishing) .
- Oliver, A. (2013)** ["Africa rising A hopeful continent"](http://www.economist.com/news/special-report/21572377-african-lives-have-already-greatly-improved-over-past-decade-says-oliver-august). *The Economist*. The Economist Newspaper Limited. Retrieved 15 December 2013
<http://www.economist.com/news/special-report/21572377-african-lives-have-already-greatly-improved-over-past-decade-says-oliver-august> Accessed 17.11.2015
- Olivier de Sardan, J.P. (2012)** Providing public goods: local responses to policy incoherence and state failure in Niger'. APPP Policy Brief 4. London: APPP.

Olusegun, O.L. Ibe R.T. and Micheal, I.M. (2012) Curbing maternal and child mortality: The Nigerian experience. *International Journal of Nursing and Midwifery*, 4(3), pp.33-39.

Onoka, C.A., Onwujekwe, O.E., Hanson, K. and Uzochukwu, B.S. (2012) Sub-optimal delivery of intermittent preventive treatment for malaria in pregnancy in Nigeria: influence of provider factors. *Malaria Journal*, 11(1), p.1.

Onwujekwe, O, Malik, E.M, Mustafa, S.H. and Mnzava, A. (2005) Socio-economic inequity in demand for insecticide-treated nets, in-door residual house spraying, larviciding and fogging in Sudan. *Malaria Journal* 4 (62).

<http://malariajournal.biomedcentral.com/articles/10.1186/1475-2875-4-62>

Accessed 17.04.2013

Onwujekwe, O., Uzochukwu, B., Ezumah, N. and Shu, E. (2005) Increasing coverage of insecticide-treated nets in rural Nigeria: implications of consumer knowledge, preferences and expenditures for malaria prevention. *Malaria Journal*, 4(1), p.1.

Onwujekwu, O.E, Akpala, C.O, Ghasi, S, Shu, E.N. and Okonkwo, P.O. (2000) How do rural households perceive and prioritise malaria and mosquito nets: A study in five communities of Nigeria. *Public health* 5(9): 407-410

<http://www.ncbi.nlm.nih.gov/pubmed/11035466> Accessed 17.04.2013

Opurum, P. The body's meeting.

<http://www.voicesnet.com/displayonepoem.aspx?poemid=288360> Accessed 01.07.2016.

Ordinioha, B. (2012) The use and misuse of mass distributed free insecticide-treated bed nets in a semi-urban community in Rivers State, Nigeria. *Annals of African medicine*, 11(3), p.163.

Oreagba, I.A., Oshikoya, K.A. and Amachree, M. (2011) Herbal medicine use among urban residents in Lagos, Nigeria. *BMC Complementary and Alternative Medicine*, 11(1), p.117.

Osemene, K.P. and Lamikanra, A. (2012) A study of the prevalence of self-medication practice among university students in Southwestern Nigeria. *Tropical Journal of Pharmaceutical Research*, 11(4), pp.683-689.

Osundare, N. (1990) *Songs of the Season*. Ibadan: Heinemann. Page 134.

Park, K. (2007) Park's textbook of preventive and social medicine. 19th ed India: Banarsides Bhanot Publishers.

Pell, C., Straus, L., Andrew, E.V., Meñaca, A. and Pool, R. (2011) Social and cultural factors affecting uptake of interventions for malaria in pregnancy in Africa: a systematic review of the qualitative research. *PloS one*, 6(7), p.e22452.

Pelias, R.J. (1998) *Performative Writing as Scholarship: An Apology*,

AnArgument, An Anecdote. Paper presented at the Annual Meeting of the National Communication Association (84th, New York, NY, November21-24, 1998). https://archive.org/details/ERIC_ED427314 Accessed 17.08.2014

Pettifor, A., Taylor, E., Nku, D., Duvall, S., Tabala, M., Meshnick, S. and Behets, F. (2008) Bed net ownership, use and perceptions among women seeking antenatal care in Kinshasa, Democratic Republic of the Congo (DRC): opportunities for improved maternal and child health. *BMC Public Health*, 8(1), p.1.

Prendergast, M. (2009) Introduction: The phenomena of poetry in research: “Poem is What?” Poetic Inquiry in Qualitative Social Science Research. In Prendergast M, Leggo C, Sameshima P (Eds.) *Poetic Inquiry: Vibrant Voices in the Social Sciences*. Rotterdam, Sense Publishers. ISBN 978-90-8790-951-2 (e-book) xix-xlii.

Pulford, J., Hetzel, M.W., Bryant, M., Siba, P.M. and Mueller, I. (2011) Reported reasons for not using a mosquito net when one is available: a review of the published literature. *Malaria journal*, 10(1), p.1.

Reuben, R. (1993) Women and malaria—special risks and appropriate control strategy. *Social Science & Medicine*, 37(4), pp.473-480.

Richardson L (2001) Poetic representation of interviews, In JF Gurium and JA Holstein (Eds), *Handbook of interview research* (pp 877-892). Thousand Oaks, CA; Sage.

Rosenberg, B.A., (1987) The complexity of oral tradition. *Oral Tradition*, 2(1), pp.73-90.

Russell, C.L., Sallau, A., Emukah, E., Graves, P.M., Noland, G.S., Ngondi, J.M., Ozaki, M., Nwankwo, L., Miri, E., McFarland, D.A. and Richards, F.O. (2015) Determinants of Bed Net Use in Southeast Nigeria following Mass Distribution of LLINs: Implications for Social Behavior Change Interventions. *PloS one*, 10(10), p.e0139447.

Rwanda Demographic Health Survey, (2010)
<http://dhsprogram.com/pubs/pdf/FR259/FR259.pdf> Accessed 12.06.2013

SADC Malaria Status by 2012 Report
http://www.sadc.int/files/6214/1890/8290/000_14_SADC_Malaria_Report_2012.pdf Accessed 19.06.2015

Saldaña, J (2011) Ethnotheatre - Research from Page to Stage, California: Left Coast Press

Sandelowski, M. (1991). Telling stories: Narrative approaches in qualitative research. *IMAGE: Journal of Nursing Scholarship*, 23, 161–166

- Schantz-Dunn, J. and Nour, N.M. (2009)** Malaria and pregnancy: a global health perspective. *Reviews in obstetrics and gynecology*, 2(3), p.186.
- Sharkey, P. (2001)** Hermeneutic phenomenology. In Barnacle R. (Ed.) *Phenomenology*; Melbourne, RMIT Publications.
- Sheehan (2011)** Astonishing! Things make sense! Gatherings: *The Heidegger Circle Annual*, 1 (2011): 1 – 25.
- Sherwin, S., Cross, V. and Holyoake, D-D. (2014)** The pride and the passion: Poetic re-presentation of school nurses' practice. *British Journal of School Nursing*, 9(2) 89-94
- Silko, L. M. (1986)** *Ceremonies*; London, Sage.
- Simms, E-M. and Stawarska, B. (2013)** Introduction: Concepts and Methods in Interdisciplinary Feminist Phenomenology. *Janus Head* 13(1): 6-16.
- Singh, M., Brown, G. and Rogerson, S.J. (2013)** Ownership and use of insecticide-treated nets during pregnancy in sub-Saharan Africa: a review. *Malaria journal*, 12(1), p.1.
- Smith, D.J. (2010)** *A culture of corruption: Everyday deception and popular discontent in Nigeria*. Princeton University Press.
- Snow, R.C. (2008)** Sex, gender, and vulnerability. *Global Public Health*, 3(S1), pp.58-74.
- Snow, R.W. and Marsh, K. (2010)** Malaria in Africa: progress and prospects in the decade since the Abuja Declaration. *Lancet*, 376(9735), p.137.
- Sparkes, A. and Douglas, K. (2007)** Making the case for poetic representation: an example in action. *The Sport Psychologist*, 21: 170-190.
- Steady, F.C. (1996)** African Feminism: A Worldwide Perspective. In Terborg-Penn R. and Benton Rushing A. *Women in Africa and the African Diaspora*. Washington DC, Howard University Press.
- Steketee, R. W., Nahlen, B. L., Parise, M. E., and Menendez, C. (2001)** *American Journal of Tropical Medicine and Hygiene*, 64(1, 2)S, pp. 28–35
- The NewTimes Rwanda**
http://opinionator.blogs.nytimes.com/2012/07/03/rwandas-health-care-miracle/?_r=0 Accessed 12.06.2013
- Thwing, J., Hochberg, N., Eng, J.V., Issifi, S., James Eliades, M., Minkoulou, E., Wolkon, A., Gado, H., Ibrahim, O., Newman, R.D. and Lama, M. (2008)** Insecticide-treated net ownership and usage in niger after a nationwide integrated campaign. *Tropical Medicine & International Health*, 13(6), pp.827-834.

Titchen, A. and McCormack, B. (2008) A methodological walk in the forest: critical creativity and human flourishing. In Manley, K. McCormack B. Wilson V. (Eds) *International Practice Development in Nursing and Healthcare*. Oxford: Blackwell.

Tolhurst, R. and Nyongato, F.K. (2006) Looking within the household: gender roles and responses to malaria in Ghana. *Transactions of the Royal Society of Tropical Medicine and Hygiene*, 100(4), pp.321-326.

Umeano-Enemuoh, J.C., Uzochukwu, B., Ezumah, N., Mangham-Jefferies, L., Wiseman, V. and Onwujekwe, O. (2015) A qualitative study on health workers' and community members' perceived sources, role of information and communication on malaria treatment, prevention and control in southeast Nigeria. *BMC infectious diseases*, 15(1), p.437.

UNDES (2015) Nigeria population clock <http://countrysimeters.info/en/Nigeria>

UNDP (2005) Human Development Report: International Co-operation at a crossroads: aid, trade and security in an unequal world. United Nations Development Programme

UNICEF and World Health Organization (2003) The Abuja Declaration and the plan of action: an extract from the African Summit on Roll Back Malaria, Abuja, 25 April 2000 (WH. [online].

USAID/Nigeria strategy (2010-2013)
http://pdf.usaid.gov/pdf_docs/PDACP977.pdf Accessed 12.03.2014

Vanguard news, April 26, 2016
<http://www.vanguardngr.com/2016/04/bloodbath-enugu-fulani-herdsmen-kill-40/>
Accessed 27.04.2016

Wagbatsoma, V.A. and Aigbe, E.E. (2010) ITN utilization among pregnant women attending ANC in Etsako West LGA, Edo State, Nigeria. *Nigerian Journal of clinical practice*, 13(2).

Wagbatsoma, V.A. and Omoike, B.I. (2008) Prevalence and Prevention of Malaria in Pregnancy in Edo State, Nigeria. *African Journal of Reproductive Health*. 12(3), pp. 49-58 Available at:
<http://www.ncbi.nlm.nih.gov/pubmed/19435012> Accessed 01.12.2012

Walker, A. (1983) *The Color Purple*; London, Orion Books.

White, N.J., Nosten, F., Looareesuwan, S., Watkins, W.M., Marsh, K., Snow, R.W., Kokwaro, G., Ouma, J., Hien, T.T., Molyneux, M.E. and Taylor, T.E. (1999) Averting a malaria disaster. *The Lancet*, 353(9168), pp.1965-1967.

World Health Organisation (2007) Insecticide-treated mosquito nets: A WHO position statement. Available at <http://www.ivcc.com/sites/ivcc.mrmdev.co.uk/files/content/itnspospaperfinal.pdf>
Accessed 09.11.2016

World Health Organisation (2015) World Malaria Report 2015. Available at: http://apps.who.int/iris/bitstream/10665/200018/1/9789241565158_eng.pdf
Accessed 09.11.2016

Wiseman, V., Scott, A., McElroy, B., Conteh, L. and Stevens, W. (2007) Determinants of bed net use in the Gambia: implications for malaria control. *The American journal of tropical medicine and hygiene*, 76(5), pp.830-836.

World Health Organization, (2007) Gender, health and malaria. *World Health Organization, Geneva, Switzerland*.

Yukich, J.O., Zerom, M., Ghebremeskel, T., Tediosi, F. and Lengeler, C. (2009) Costs and cost-effectiveness of vector control in Eritrea using insecticide-treated bed nets. *Malaria Journal*, 8(1), p.1.

Zelic, T. (2008) On the phenomenology of the life-world. *Synthesis Philosophica*, 46 (2), pp. 413–426

Zischka, L. (2013) Valuing social capital by the resources people allocate to one another. *Journal of International Development*, 25, pp. 609- 625.

APPENDIX 1: Summary of Literature Review

Table 1: Quantitative studies

Date	Titles	Authors	Methods	Analysis
13/02/2008	Access and barriers to measures targeted to prevent malaria in pregnancy in rural Kenya	Gikandi, P.W., Noor, A.M., Gitonga, C.W., Ajanga, A.A and Snow, R.W	<ul style="list-style-type: none"> . Survey questionnaire . All women (15-49 years) . 4720 selected for interview . 42 refused participation . 4549 women interviewed 	Statistical
04/01/2005	Socio-economic inequity in demand for insecticide-treated nets, in-door residual house spraying, larviciding and fogging in Sudan	Onwujekwe, O., Malik, E.M., Mustafa, S.H. and Mnzava, A	Random Cross sectional study 720 households selected Willingness to pay (WTP) using the bidding game	Statistical
05/09/2000	How do rural households perceive and prioritise malaria and mosquito nets: A study in five communities of Nigeria	Onwujekwu OE, Akpala CO, Ghasi S, Shu EN, Okonkwo PO	<ul style="list-style-type: none"> . Cross sectional study . Pre-tested interviewer administered questionnaire . 2,040 household heads or the representatives 	Statistical
11/04/2012	A Study of the Prevalence of Self-Medication Practice among University Students in Southwestern Nigeria	KP Osemene and A Lamikanra	Total: 2015 <ul style="list-style-type: none"> . A convenient sampling technique . self-administered questionnaire . University students 	Statistical
02/06/2010	ITN Utilization among pregnant women attending ANC in Etsako West Iga, Edo State, Nigeria	Wagbatsoma, VA and Aigbe EE	<ul style="list-style-type: none"> . Descriptive cross sectional study . 405 selected . 385 respondent . Semi-structured researcher administered questionnaire 	Statistical

14/01/2011	The effect of free distribution of insecticides-treated nets on asymptomatic plasmodium parasitemia in pregnant and nursing mothers in a rural Nigerian community	Anyachie, U.S.B, Nwagha, U.I, Aniebue, P.N, Nwagha, T.U	. 990 pregnant women (18-39 years) . Longitudinal survey (February 2007-September 2008)	Statistical
05/05/2007	Determinants of Bed Net Use in the Gambia: Implications for Malaria Control	Virginia Wiseman, Anthony Scott, Brendan Mcelroy, Lesong Conteh, and Warren Stevens	. 1700 household selected using stratified cluster sampling . Structured interview . Household heads . 129 community spokes persons	Statistical
09/01/2009	Insecticide-treated net coverage in Africa: mapping progress in 2000–07	Noor, A.M, Mutheu, J.J, Tatem, A.J, Hay, S.I, Snow, R.W	Cluster-sampling Survey Children less than 5 years old	Statistical
08/02/2011	Determinants of insecticides treated nets use among youth corp members in Edo State, Nigeria	Amoran, O. E., Senbanjo, I. O., Asagwara, C.E	. Cross sectional survey . 656 youth corps members . Self-administered questionnaire	Statistical
01/08/2013	Ownership and use of insecticide-treated nets during pregnancy in sub-Saharan Africa: a review	Megha Singh, Graham Brown and Stephen J Rogerson	Review of the literature in October 2012 59 articles selected	Statistical
28/03/2011	Determinants of insecticide-treated net ownership and utilization among pregnant women in Nigeria	Augustine Ankomah, Samson B Adebayo, Ekundayo D Arogundade, Jennifer Anyanti, Ernest Nwokolo, Olaronke Ladipo, and Martin M Meremikwu	. Cross sectional survey . multistage probability sampling technique . 2348 pregnant women used . structured interview	Statistical
09/09/2007	Exploring the contributions of	Killeen Gerry F and Thomas A Smith	Model framework And design strategy	Statistical

	bednets, cattle, repellents and insecticides to malaria control: a deterministic model of mosquito host-seeking behaviour and mortality			
07/07/2009	Use of insecticide treated bed nets among pregnant women in Kilifi District, Kenya	Njoroge F.K, Kimani V.N, Ongore D, and Akwale W.S	. Descriptive cross sectional study . 220 pregnant women (ANC)	Statistical
16/06/2003	Cost-effectiveness of social marketing of insecticide-treated nets for malaria control in the United Republic of Tanzania	Kara Hanson, Nassor Kikumbih, Joanna Armstrong Schellenberg, Haji Mponda, Rose Nathan, Sally Lake, Anne Mills, Marcel Tanner, and Christian Lengeler	A nested case-control study and a cross-sectional cluster sample survey.	Statistical
19/04/2004	Insecticide-treated bed nets and curtains for preventing malaria	Lengeler C	Independent assessors reviewer	Statistical
30/03/2009	Costs and Cost-effectiveness of vector control in Eritrea using insecticide treated net bed nets	Joshua O Yukich, Mehari Zerom, Tewolde Ghebremeskel, Fabrizio Tediosi and Christian Lengeler	. Comparative study . operational description	Base case analysis
2/10/2015	Determinants of Bed Net Use in Southeast Nigeria following Mass Distribution of LLINs: Implications for Social Behavior Change Interventions	Cheryl L. Russell, Adamu Sallau, Emmanuel Emukah, Patricia M. Graves, Gregory S. Noland, Jeremiah M. Ngondi, Masayo Ozaki, Lawrence Nwankwo, Emmanuel Miri, Deborah A. McFarland, Frank O. Richards and Amy E. Patterson	. Cluster survey (2007-2011) . Two rural area . Population: 157,723 and 196,337 respectively	Statistical
18/05/2010	Assessing bed net use and non-use after long lasting insecticidal net distribution: a sample	Jodi L Vanden Eng, Julie Thwing, Adam Wolkon, Manisha A Kulkarni, Ayuba Many, Marcy Erskine, Allen Hightower and Laurence Slutsky	. Survey . Integrated campaigns (2004-2006) . five malaria endemic countries	Statistical

	framework to guide programmatic strategies			
24/09/2008	Bed net ownership, use and perceptions among women seeking antenatal care in Kinshasa, Democratic Republic of the Congo (DRC): Opportunities for improved maternal and child health	Audrey Pettifor, Ebony Taylor, David Nku, Sandra Duvall, Martine Tabala, Steve Meshnick and Frieda Behets	. Cohort study . women attending ANC . pre-tested structured questionnaire by trained interviewers	Statistical
13/02/2008	Access and barriers to measures targeted to prevent malaria in pregnancy in rural Kenya	Gikandi, P.W., Noor, A.M., Gitonga, C.W., Ajanga, A.A and Snow, R.W.	. Longitudinal study . Population 4720 . Pregnant women (15-49 years) . Structured interview	statistical
21/11/2010	Awareness, possession and use of insecticide-treated nets for prevention of malaria in children under five in Abeokuta, Nigeria	Idowu, O.A., Sam-Wobo, S.O., Oluwole, A.S. and Adediran, A.S.	. Pretested questionnaire . Trained research assistants . Mothers	Statistical
06/02/2012	Determinants of insecticide-treated net ownership and utilization among pregnant women in Nigeria	Augustine Ankomah, Samson B Arogundale, Jennifer Anyanti, Ernest Nwokolo, Olaronke Ladipo and Martin M Meremikwu	. Cross sectional survey . Multistage probability sampling . 2348 pregnant women participated	Statistical
04/01/2014	A tracking tool for long-lasting insecticidal (mosquito) net intervention following a 2011 national distribution in Benin	Roseric Azondekon, Virgile Gnanguenon, Frederic Oke-Agbo, Speraud Houevoessa, Micael Green and Martin Akogbeto	. Survey . Questionnaire	Statistical
29/10/2010	The effect of repeated washing of	Francis K Atieli, Stephen O Munga, Ayub V Ofulla	Experimental	Statistical

	long-lasting insecticide-treated nets (LLINs) on the feeding success and survival rates of <i>Anopheles gambiae</i>	and John M Vulule		
02/01/2007	Use and Prevalence of Insecticide Treated Mosquito Bed nets Among Pregnant Population in Oshogbo, Nigeria	Adeyemi, A.S, Adekanle, D.A, Akinola, S.E	. Cross-sectional study . 382 pregnant women (15-39 years) . women interviewed using structured questionnaire	Statistical
12/12/2008	The Impact of Lending to Women on Household Vulnerability and Women's Empowerment: Evidence from India	Supriya Garikipati	Survey study	Statistical
11/04/2011	Reported reasons for not using a mosquito net when one is available: a review of the published literature	Justin Pulford, Manuel W Hetzel, Miranda Bryant, Peter M Siba and Ivo Mueller	Literature review Reference period for the search (1990-2010) . structured review questions . 22 studies met inclusive criteria	Presented in table
07/09/2011	Knowledge and use of insecticide treated nets as a malaria preventive tool among pregnant women in a local government area of Lagos state, Nigeria	Aina, B.A and Ayeni, F.A	. Descriptive . Cross sectional . structured questionnaire . Hospital base: - All pharmacists - Pregnant women	Statistical
02/12/2009	Malaria parasitaemia among	Ogbodo, S.O, Nwagha, U.I, Okaka, A.N.C, Ogenyi, S.C, Okoko, R.O and Nwagha, T.U	. Laboratory . Pregnant women	Statistical

	pregnant women in a rural community of eastern Nigeria; need for combined measures		. Blood samples	
22/05/2012	Examining equity in access to long-lasting insecticide nets and artemisinin-based combination therapy in Anambra state, Nigeria	Chinyere O Mbachu, Obinna E Onwujekwe, Benjamin S.C Uzochukwu, Eloka Uchegbu, Joseph Oranuba and Amobi L Ilika	. 2394 households selected including pregnant women and mothers . Questionnaire	Statistical
04/04/2003	Perceptions of bed nets and malaria prevention before and after a randomized controlled trial of permethrin-treated bed nets in western Kenya.	Alaii, J.A, Van de Borne, H.W, Kachur, S.P, Mwenesi, H, Vulule, J.M, Hawley, W.A, Meltzer, M.I, Nahlen, B.L and Phillips-Howard, P.A	.A randomized controlled trial. . 600 households . questionnaire . intervention survey	Statistical
14/08/2006	Compliance of young children with ITN protection in rural Burkina Faso.	Frey, C, Traore, C, De Allegri M, Kouyate B and Muller O	Cross-sectional surveys . 3,400 children (0-5 years) . mothers . direct observation . pre-tested structured questionnaire . interview	Statistical
13/10/2008	Use of insecticide treated nets by pregnant women and associated factors in a pre-dominantly rural population in northern Ethiopia.	Belay M and Deressa W	.Cross-sectional study . two-stage cluster design (May-June 2006) . 815 pregnant women	Statistical

19/02/2009	Household possession, use and non-use of treated or untreated mosquito nets in two ecologically diverse regions of Nigeria – Niger Delta and Sahel Savannah	Bamgboye M Afolabi, Olayemi T Sofola, Bayo S Fatunmbi, William Komakech, Fetus Okoh, Oladele Saliu, Peju Otsemobor, Olusola B Oresanya, Chioma N Amajoh, David Fasiku and Inuwa Jalingo	. Cross sectional households survey . 439 households selected	Statistical
11/06/2008	Knowledge, use and promotion of insecticide treated nets by health workers in a suburban town in south western Nigeria.	Iyaniwura, C.A, Ariba A and Runshewe-Abiodun T	. Descriptive cross-sectional study . 263 health workers . Pretested structured questionnaire	Statistical
31/03/2008	Insecticide-treated net ownership and usage in Niger after a nationwide integrated campaign	Thwing J, Hochberg N Vanden E, Issifi S, James Eliades M, Minkoulou E, Wolkon A, Gado H, Ibrahim O, Newman R.D and Lama M	. Cross-sectional survey . Administered questionnaire . 1801 and 2450 household heads respectively	Statistical
1/12/2010	Role Development of Community Health Workers An Examination of Selection and Training Processes in the Intervention Literature	Matthew, J. O'Brien, Allison, P.Squires, Rebecca, A.Bixby and Steven C.Larson	Literature review	Content analysis
5/09/2013	Level of awareness and use of insecticide treated bed nets among pregnant women	Ukibe, S.N, Mbanugo, J.I, Ukibe, N.R and Ikeakor, L.C	. Structured questionnaire . 700 pregnant women (17-45 years)	Statistical

	attending antenatal clinics in Anambra State, South Eastern Nigeria			
01/09/2012	The use and misuse of mass distributed free insecticide-treated bed nets in a semi-urban community in Rivers State Nigeria	Ordinioha, B	. Cross-sectional study design . A structured, interviewer administered questionnaire (170) . Female head of households (with children under five years)	Statistical
01/01/2014	The Effect of Mass Media Campaign on the Use of Insecticide-Treated Bed Nets among Pregnant Women in Nigeria	Ankomah, A, Adebayo, I.S.B, Arogundade, E.D, Anyanti, J, Nwokolo, E. Inyang, U, Oladipupo B. Ipadeola, and Meremiku, M	. Cross-sectional study . A systematic multistage sampling . 2348 pregnant women selected . structured questionnaire	Statistical
01/12/2008	Prevalence and Prevention of Malaria in Pregnancy in Edo State, Nigeria	Wagbatsoma V.A and Omoike B.I	. Observational/longitudinal survey . 400 pregnant women . Pretested structured questionnaire	Statistical

Table 2: Mixed method studies

11/01/2012	Sub-optimal delivery of intermittent preventive treatment for malaria in pregnancy in Nigeria: influence of provider factors	Onoka, C.A., Onwujekwe, O.E., Hanson, K. and Uzochukwu, B.S	In-depth interview and a checklist (34 providers)	Thematic and statistical
21/05/2009	How equitable is bed net ownership and utilisation in Tanzania? A practical application of the principles of horizontal and vertical equity	Fred Matovu, Catherine Goodman, Virginia Wiseman and William Mwengee	. 1603 households heads (rural and urban) . 16 focus groups discussion (8 were for women and 8 for men) . structured interview questionnaire	. Statistical . Content analysis

2/12/2010	Awareness And Use Of Insecticide Treated Net Among Pregnant Women Attending Antenatal Clinic At Federal Medical Centre And General Hospital Owerri	Iwu, R. U; Ijioma, B.C., Egeruoh, A.S, Awurum, I.N and Ohalete, C.N	. Descriptive cross-sectional study . 455 pregnant women . semi structured questionnaire used to interview women	Statistical
06/03/2013	How do health workers perceive and practice monitoring and evaluation of malaria control interventions in South-east Nigeria?	Chinyere O Mbachu, Obinna E Onwujekwe, Benjamin S.C Uzochukwu, Elok Uchegbu, Joseph Oranuba and Amobi L Ilika	. Cross-sectional study . Multistage sampling technique . semi-structured questionnaire . observation checklist . 213 health workers	Statistical
18/07/2005	Increasing coverage of insecticide-treated nets in rural Nigeria: implications of consumer knowledge, preferences and expenditures for malaria prevention	Onwujekwe, O, Uzochukwu, B, Ezumah, N and Shu, E	. Survey . purposive sampling . 798 participants . men, women and youth . pre-tested interviewer administered questionnaire . Nine focus group discussions	. Content analysis/thematic . Statistical

Table 3: Qualitative studies

14/01/2010	Perceptions on the use of Insecticides Treated Nets in Parts of the River Basin, Nigeria: Implications for Preventing Malaria in Pregnancy	Chukwuocha, U.M, Dozie, I.N.S, Onwuliri, C.O.E, Ukaga, C.N, Nwoke, B.E.B, Nwankwo, B.O, Nwoke, E.A, Nwaokoro, J.C, Nwoga, K.S, Udujih, O.G, Iwuala, C.C, Ohaji, K.T	A total 90 participants 10 Focus group discussions; . 15 adolescents (10-19 years) . 39 men (20-50 years) . 36 young women (20-49 years) 40 key informant	Thematic
------------	--	---	--	----------

			interviews; . opinion leaders . local government officials . elderly midwives . retired women leaders . drug shop owners . traditional birth attendants . pregnant women . non pregnant women	
22/10/2015	A qualitative study on health workers` and community members` perceived sources, role of information and communication on malaria treatment, prevention and control in southeast Nigeria	Umeano-Enemuoh, Jane C.; Uzochukwu, Benjamim; Ezumah, Nkoli; Mangham-Jefferies, Lindsay; Wiseman, Virginia; Onwujekwe, Obinna	. 18 Focus group discussion (179 community members) . 26 in-depth interviews . health workers	Thematic (NVIVO)
20/07/2011	Social and Cultural Factors Affecting Uptake of Interventions for Malaria in Pregnancy in Africa: A Systematic Review of the Qualitative Research	Christopher Pell, Lianne Straus, Erin V.W, Arantza Menaca and Robert Pool	Review	Meta-ethnographic synthesis
14/08/2014	“We are supposed to take care of it”: a qualitative examination of care and repair behaviour of long-lasting, insecticide-treated nets in Nasarawa State, Nigeria	Gabrielle C Hunter, Leah Scandurra, Angela Acosta, Hannah Koenker, Emmanuel Obi and Rachel Weber	73 participants . six focus group discussion . in-depth interviews adult users (adult men, women and mothers of children under five years)	Thematic
07/04/2006	Looking within	Rachel Tolhurst	. Focus group	Thematic

	the household: gender roles and responses to malaria in Ghana.	and Frank Nyongator K	discussions . In-depth interviews . Ranking exercises . Participants: women	
22/05/2014	Community Knowledge and Attitudes and Health Workers' Practices regarding Non-malaria Febrile Illnesses in Eastern Tanzania	Beatrice Chipwaza, Joseph P. Mugasa, Iddy Mayumana, Mbaraka Amuri, Christina Makungu and Paul S. Gwakisa	. Cross sectional study . 12 focus group discussion . 14 in-depth interviews with health worker	Thematic
03/08/2012	A qualitative study on caretakers' perceived need of bed-nets after reduced malaria transmission in Zanzibar, Tanzania	Netta Beer, Abdullah S Ali, Helena Eskilsson, Andreas Jansson, Faiza M Abdul-Kadir, Guida Rotllant-Estelrich, Ali K Abass, Fred Wabwire-Mangen, Anders Bjorkman and Karin Kallander	19 in-depth interview . Caretakers of children under five years (male and female)	Thematic
21/01/2006	Preventing malaria in pregnancy: a study of perceptions and policy implications in Mukono district, Uganda	Anthony K Mbonye, Stella Neema and Pascal Magnussen	. Focus group discussion . key informant interview 90 participants . 36 pregnant and mothers (20-49 years) . 39 men (20-50 years) . 15 adolescent girls (10-19 years)	Thematic
1/12/2010	Role Development of Community Health Workers	Matthew, J. O'Brien, Allison, P. Squires, Rebecca,	Literature review	Content analysis

	An Examination of Selection and Training Processes in the Intervention Literature	A.Bixby and Steven C.Larson		
01/08/2013	Ownership and use of insecticide-treated nets during pregnancy in sub-saharan Africa: a review	Megha Singh, Graham Brown and Stephen J Rogerson	Review	Narrative synthesis
06/04/2011	An exploratory qualitative study on perceptions about mosquito bed nets in the Niger Delta: what are the barriers to sustained use?	Galvin, K T, Petford N, Ajose F and Davies D	. Convenience sample . Twenty one male adult . Individual semi-structured interviews	Thematic

Table 4: Other studies/Miscellaneous

11/04/2012	A Study of the Prevalence of Self-Medication Practice among University Students in Southwestern Nigeria	KP Osemene and A Lamikanra	Total: 2015 . A convenient sampling technique . self-administered questionnaire . University students	Statistical
25/11/2011	Herbal medicine use among urban residents in Lagos, Nigeria	Ibrahim Adekunle Oreagba, Kazeem Adeola Oshikoya and Mercy Amachree	388 participants Cluster and random sampling technique Open-and close-ended questionnaire	Statistical
03/01/2007	The gendered nature of natural disasters: the impact of catastrophic	Neumayer, Eric and Plumber, Thomas	Observation	Statistical
01/12/2012	Baptism by Fire”: Boko Haram and	Benjamin Maiangwa, Ufo	Thesis	



	the Reign of Terror in Nigeria	Okeke Uzodike, Ayo Whetho and Hakeem Onapajo		
11/12/2010	Shrinking the malaria map: progress and prospects	Richard G A Feachem, Allison A Phillips, Jimée Hwang, Chris Cotter, Benjamin Wielgosz, Brian M Greenwood, Oliver Sabot, Mario Henry Rodriguez, Rabindra R Abeyasinghe, Tedros Adhanom Ghebreyesus, Robert W Snow	Viewpoint	
02/07/2001	Malaria control: achievements, problems and strategies.	Najera J.A	Viewpoint	
06/2007	Gender, Health and Malaria	WHO		
07/2007	The “feminization of poverty” and women’s human rights	Valentine M. Moghadam	Viewpoint	
03/11/2004	Time is of the Essence: Disasters, Vulnerability and History	Greg Bankoff	Viewpoint	
06/05/2006	sociology	Anthony Giddens	Textbook	
16/01/2012	Contemporary Discourses in Qualitative Research: Lessons for Health Research in Nigeria	Ali A Abdullahi, Anton Senekal, Cecilia Van Zyl-SchaleKamp, Jimoh Amzat and Saliman T	Viewpoint	
02/12/2008	Malaria in Pregnancy: A literature Review	Ruth E.Lagerberg	Literature review	
17/04/2004	Linking disease control programmes in rural Africa: a pro-poor strategy to reach Abuja	David H Molyneux and Vinand M Nantulya	Viewpoint	

	targets			
02/12/2008	Malaria in Pregnancy: A literature Review	Ruth E.Lagerberg	Literature review	
02/03/2009	Malaria and Pregnancy: A global Health Perspective	Julianna Schantz-Dunn and Nawal M Nour	Literature Review	
2007	Textbook of Preventive and Social Medicine	K. Park	Textbook	
07/10/2010	Malaria in Africa: Progress and prospects in the decade since the Abuja Declaration	Robert W Snow and Kevin Marsh	Viewpoint	
05/10/2008	A new global malaria eradication strategy	Richard Feachem and Oliver Sabot	Viewpoint	
07/1999	Averting a malaria disaster	N J White, F Nosten, S Looareesuwan, W M Watkins, K Marsh, R W Snow, G Kokwaro, J Ouma, T T Hien, M E Molyneux, T E Taylor, C I Newbold, T K Ruebush II, M Danis, B M Greenwood, R M Anderson	Viewpoint	
03/14/2010	WHO. The Abuja Declaration and the Plan of Action. An extract from the African Summit on Roll Back Malaria, Abuja, 25 April 2000	WHO		
17/04/2004	Linking disease control programmes in rural Africa: a pro-poor strategy to reach Abuja targets and	David H Molyneux and Vinand M Nantulya	Viewpoint	

	millennium development goals			
02/19/2011	Malaria: A pregnant woman's worst enemy	Chioma Obinna	Vanguard Nigeria news/viewpoint	
17/11/2003	Comparison of house spraying and insecticide treated nets for malaria control	Curtis Christopher F and Mnzava A E	Review: bulletin of WHO, 2000	

APPENDIX 2:

Letter from Fieldwork Gatekeeper

 SCHOOL OF MIDWIFERY BISHOP SHANAHAN HOSPITAL, NSUKKA P. O. Box 19, Nsukka Enugu State, Nigeria Motto: To Build the Health of Expectant Family onto Christ	 TO HEAL BODY AND SOUL
Our Ref: <u>SOM/BSH/MSUKKA/005/2014</u> Your Ref: _____ Date: <u>5-01-13</u>	

TO WHOM IT MAY CONCERN;

RE: ANASTASIA NDUKWE
UNIVERSITY OF WOLVERHAMPTON, UNITED KINGDOM
FOR PROJECT

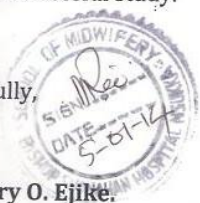
EXPLORING MALARIA PREVENTION USING INSECTICIDE TREATED MOSQUITO NET (ITN) THROUGH THE EXPERIENCE OF MOTHERS IN RURAL NIGERIA

As a principal for more than thirteen years, I write to assure that I stand in the better position to enable you have access to your participants in which every dimension the instrumentation may be needed.

I am particularly interested in the study because our country is one of the malaria endemic environments and would explore a wonderful interest and participation among our mothers. I will hold on responsibly my responsibility as a gatekeeper all through the study without any expenditure.

I wish you a successful study.

Yours faithfully,



Dr. Mrs. Mary O. Ejike.
Principal
School of Midwifery,
Bishop Shanahan Hospital, Nsukka.

APPENDIX 3: Ethical Approval (Enugu State)

ENUGU STATE MINISTRY OF HEALTH

DEPARTMENT OF PUBLIC HEALTH

ETHICAL COMMITTEE ON RESEARCH

Fax: 042/255051



Ref No: MH/MSD/EC/0129

Date: 19th August, 2013

The Researchers,
Anastasia Nzute,
Centre for Health and Social Care Improvement,
University of Wolverhampton,
United Kingdom.

Sir,

**RE – ASSESSMENT OF AWARENESS AND UTILIZATION OF
INSECTICIDE TREATED NETS (ITN) AMONG PREGNANT
WOMEN IN ENUGU STATE, EASTERN NIGERIA**

I refer to your request for permission to carry out a study/research on the above health issue and to inform you that approval has been granted to you.

Ethical Guideline

1. You are to keep to the principles of informed consent by obtaining a signed/thumb printed informed consent of subjects, parents/legally accepted representative.
2. You are to deposit one copy of the result of your study to the ethical committee of the State Ministry of Health.

Dr. Ejeh M.N. 080 34304192
Chairman, Ethical Committee on Research.
OFFICE OF THE DIRECTOR,
PUBLIC HEALTH SERVICES
MINISTRY OF HEALTH
ENUGU.
DATE _____

APPENDIX 4:

Participant information and consent

Professor Linda Lang PhD
Dean of the School of Health and Wellbeing
Mary Seacole Building
Nursery Street
Wolverhampton
WV1 1AD

Telephone Codes
UK: 01902 Abroad: +44 1902

Switchboard: (01902) 518600
Fax Line: (01902) 518660

Dear,

I am writing to invite you to participate in a research study, which I am conducting as part of a PhD research degree in the Centre for Health and Social Care Improvement, School of Health and Wellbeing, at the University of Wolverhampton, in England UK. I enclose an information sheet, which explains the aims of the study, and what your participation would involve.

If you are willing to be interviewed, the interview would take no longer than 1 hour. Anything we talk about will be kept totally confidential and any notes made as a result of the interview will be destroyed afterwards. You will also be offered the opportunity to take part in a discussion with other mothers at a later stage if you would like. A report will be written of the findings of the research and numbers will replace all names so that you cannot be identified.

If you feel that you would like to be involved in some way please indicate on the attached sheet and hand the letter to the nearest health clinic. If you would prefer not to be involved, please destroy this letter. If you decide not to be involved I would like to assure you that your care will not be affected in any way.

Yours sincerely,

Anastasia Nzute.

PARTICIPANT INFORMATION SHEET

Title of Project: Awareness and utilization of Insecticide treated nets (ITN) among pregnant women and health workers in Eastern rural Nigeria.

Name of Researcher: Anastesia Nzute

Background information.

This research study is being conducted by Anastesia Nzute, a research student in the Centre for Health and Social Care Improvement at the University of Wolverhampton, UK. The project aim is to assess the level of knowledge and utilization of insecticides treated net among mothers in rural Nigeria.

Purpose of this study

The effect of Malaria attack on maternal and child health in Nigeria is high compared with other countries in sub Saharan Africa. This problem has been a persistent issue in Nigeria and many researchers have tried to proffer solutions. In my practice as a practicing nurse working in the hospital and in the community, It was apparent that women were particularly vulnerable to malaria infection. Insecticide treated nets (ITN) have been identified as providing approximately 80% protection against malaria attack. Notably, low usage of ITN has been reported in Nigeria regardless of its effectiveness in malaria prevention. Therefore, it is important to rule out, some of these factors that may affect the use of nets by women to protect their children and unborn babies from malaria attack.

Why am I being asked to be involved in this study?

If you are a mother or an expectant mother living within the rural community in Enugu State, you could be involved by agreeing to be interviewed individually and/or later as part of a group discussion.

What will I be asked to do?

You will be asked to talk about your feelings and experience of insecticide treated nets in an interview in privacy at a convenient time and place to you. You may also be asked to participate

in a group discussion at another time if you so wish. I'm interested to hear your own stories of your experience and your ideas about what needs to happen for better protection of you and your children from malaria.

Will the information be kept confidential?

A list of all those agreeing to participate will be stored on the secure, password protected drive of the Chief investigators computer in the Centre for Health and Social Care Improvement. This will be retained solely for audit purposes or in the case of a complaint by a participant. Completed, signed consent forms will be kept in a locked cabinet, separate from other research data in the Chief investigators office. Each participant will be assigned an identifying number, which will be used for all other research records. A separate password protected file will be kept on the Chief investigators computer detailing participants' names and their identifying numbers. This will be the only link between participants' names and their identifying numbers.

Who has approved the study?

Ethical approval of this study has been granted by Ethics Committee of School of Health and Wellbeing Ethics Committee, University of Wolverhampton, England, UK.

Do I have to take part?

Your agreement to participate in this study is voluntary. If you decide to be interviewed, you are free to withdraw at any time, without any reason. You have the right to ask the researcher any question at any time. All the information collected in this study will be kept strictly confidential. Interview will be tape and video recorded. The recorded information will be transcribed into a document that will be anonymous. Consent form has been provided, should you wish to take part in the interview process.

How will the information be used?

The study and particularly your contribution to it may provide information to help malaria prevention and control for pregnant women and mothers.

If you would like to speak to someone independent about the study, you can contact:

Local contacts to be confirmed

Thank you for taking time to read this information

PARTICIPANT CONSENT FORM

Title of Project: Awareness and utilization of Insecticide treated nets (ITN) among pregnant women and health workers in Eastern rural Nigeria.

Name of Researcher: Anastesia Nzute

I understand that I will be interviewed in privacy at a convenient time and may participate in a group discussion at another time if I so wish. I will be asked to talk about my feelings and experience (if any) of insecticides treated nets.

☐

I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason and I can refuse to answer any specific questions. The individual interview will take about 1 hour. If I choose to take part in a group discussion this will also take about 1 hour. I understand that the researcher may contact me for further information in the future.

☐

I have been told that the interview will be recorded and that the recorded information will be transcribed into a document that will be anonymous, the original recording will be destroyed once the transcription is completed.

☐

I understand that the researcher may wish to publish this study and no reports of this study will ever identify me specifically. The study and particularly my contribution to it may provide information to help malaria prevention and control for pregnant women and mothers.

☐

I understand that the results of this study will be made available for me if I ask for them and that, the researcher will answer any question that I may ask regarding the study.

☐

I agree to take part in the above study.

☐

Name of participant:

Date of interview:

Signature of participant:

Researcher's signature:

APPENDIX 5:

Individual interview framework:

The purpose of this study is to learn from mothers and pregnant women about their experiences of malaria and the barriers and challenges they might face in accessing and utilizing insecticide treated mosquito nets.

I'm interested to hear your own stories of your experience and your ideas about what needs to happen for better protection of you and your children from malaria.

Focus group topic guide *(to be informed by insights from interviews)*

- What causes malaria and what are the symptoms?
- What do participants understand about malaria and its effects on people?
- What do participants know about insecticide treated?
- What are the sources of the information?
- How do people feel about using insecticide treated nets?
- How are nets used? (if they are)
- Why are they not used?
- What do participants think needs to happen for better protection families from malaria.
- Are there any other issues related to malaria prevention that people would like to talk about?

APPENDIX 6:
2014 International Conference on Nursing and
Healthcare, Chicago USA (Poster presentation)





Utilisation of Insecticide treated nets among mothers in rural Nigeria: Implications for malaria prevention

Anastesia Nzute



Research background

- Impact of malaria on maternal and child health in Nigeria is high compared to other countries in sub-Saharan Africa. Insecticide treated nets (ITN) provide approximately 80% protection against mosquito attack
- Persistent failure to meet set targets for malaria control
- Low usage of ITN among women despite increases in awareness and ITN effectiveness
- Relationships with health workers influence women's uptake of interventions (Belay and Deressa 2008)

Quantitative research has dominated health research in Nigeria. There are increasing calls for a more participatory approach to understanding health, illness and disease in Nigeria (Abdullah and Senecal et al. 2012). This study adopted a constructivist approach, operating within an interpretivist research paradigm.

Research objective

To enhance understanding of the experiences and perceptions of malaria, and associated engagement with interventions and care-seeking/giving, amongst mothers and health workers

Recruitment and participants

- Recruitment from 3 senatorial zones of Enugu State Nigeria: **Nsukka, Udi (Ngwo), Enugu South (Amehi)**
- Combination of snowball sampling and purposive sampling deployed to achieve a range of age, education, marital and socio-economic status, and knowledge of ITN
- 20 pregnant women and mothers participated
- 19 health workers participated

Data collection and analysis

Individual interviews and focus groups with mothers and health workers were digitally recorded.

Thematic analysis of field notes and transcribed interview/focus group using Braun and Clarke's (2006) 6-phase iterative cycle



Local delivery of ITN

- Health centre
- Hospital
- Community centre
- Religious places
- Schools



Female Anopheles Mosquito: "The Killer"

KEY QUESTION

How do we keep malaria on the agenda?

Experience and feelings

"It is suffocating when there is heat, so I don't sleep there." (25 year old pregnant mother)

"I don't sleep under it, if I sleep....I will be having itches." (28 year old pregnant mother)



"I feel very...very ok. I cannot sleep without using this insecticide treated net. I have discovered that when I use this insecticide treated net, I sleep like a baby." (33 year old mother)

Perceptions of health workers

"The health workers like my sister here said...they will hoard the net, and later on they will start selling it."

"Before I could be able to get my own net I really fought for it. The woman (health worker) that was sharing it...the way they were using it...most of them are married women. They hoard it for their own use. After the campaign they will start selling it. Yes! When you give them \$500 they will give you. So people should try on that aspect." (29 year old mother)



"Since I started antenatal in Shanahan, I never see them share the net for pregnant women...." (30 year old pregnant mother)



"That one I am not sure of, because it is assigned to a particular person that distribute the net in the clinic. The person is not even a nurse, but just an ordinary person. So cannot assure of the monitor." (Health worker)

"The problem is that I don't know whether my head is related the information to the authority that it (net) has finished." (Health worker)

Developing themes

Sharing good practice among mothers

Encouraging health worker as role model

Fostering effective team working

Ongoing work:

What else can participants' stories tell us to give further insights to inform good practice?

What is the impact of the project on my own story?

APPENDIX 7:

Characteristics of interview participants and focus groups

Parti- cipant	Location	Age <i>years</i>	Number of children	Education	Occupation
1	Nsukka	28	1st pregnancy	National Certificate in Education	Primary school teacher
2	Nsukka	25	2	Secondary school	Self-employed - beads making
3	Nsukka	30	2	Secondary school	Self-employed cake designer
4	Nsukka	34	2	Degree	Housewife
5	Nsukka	27	3	Degree	student
6	Nsukka	34	2	Secondary school	Trading
7	Nsukka	38	3	Secondary school	Trading
8	Amechi	28	1	Degree	Job seeker
9	Amechi	33	2	Degree	Housewife
10	Amechi	33	1	Degree	Secondary school teacher
11	Amechi	31	3	National Certificate in Education	Student
12	Amechi	26	1	Higher National Diploma	Trading
13	Ngwo	33	2	Secondary school	Evangelist
14	Ngwo	33	1	Higher National Diploma	Secondary school teacher
15	Ngwo	36	1st pregnancy	Secondary school	Self-employed/ Tailoring
16	Ngwo	32	1	National Certificate in Education	Primary school teacher
17	Ngwo	22	1st pregnancy	Secondary school	Student
18	Ngwo	36	3	National Diploma	Civil servant
19	Amechi	29	1	Nursing assistant certificate	Healthcare assistant

Focus group	Age range	Mothers	Health workers	Total participants
Nsukka	25-38	7	11	18
Amechi	28-33	6	-	6
Ngwo	22-36	8	7	15
		21	18	39

APPENDIX 8:

Thematic analysis process (sample annotated transcript)

1 Second interview

2 TIME: 12.30pm

3 Venue: 11 junior staff quarters UNN Nsukka

4 Duration: 56 minute 40seconds

5 Interview was scheduled to take place in her home after antenatal visit. On the day of
6 the interview 13/03/2014, it was difficult to locate her family house. I was assisted by an
7 elderly woman whose house was about 200 meters away from her family house. When
8 we got to her extended family's house, we were directed to check the next compound.
9 When we got to her house, she was having her shower and I was given a sit to wait for
10 her by her sister in-law staying with her. She finished and joined me. She offered to me
11 a cold drink and local garden egg. The interview started at 12:30pm with exchange of
12 pleasantries and introduction

communal
living
housing
other
extended
family
member

13 R: Please, can you tell me your age:

14 P: 25 years within the child bearing age

15 R: Please can you tell me the date, month and the year?

16 P: I was born 25th December, 1988

17 R: Please, can you tell me your occupation?

18 P: Just self-employed at the moment but I am still waiting for admission into the
19 university entrepreneurship educational space

20 R: ok, you are still waiting for admission?

21 R: That's fine, you will get it

22 R: So you are an applicant if I may say, are you doing some business like trading or
23 general merchandise?

24 P: I made sometime like beads, bags source of empowerment

25 R: You make the beads yourself?

26 P: Yes

27 R: I love beads; you will make them for me before I travel

28 P: Ok sense of encouragement

- 1 R: Thank you so much
- 2 R: Your educational background should be GSCE? *Insider Knowledge*
- 3 P: Yes *Senior Secondary Certificate*
- 4 R: Please, can you tell me the number of children you have? *Family*
- 5 P: I have two children
- 6 R: Please, can you tell me their age, starting from the first one?
- 7 P: The first one is 4 years and the second one is two years *Child Spacing - family planning knowledge*
- 8 R: Ok, that's fine
- 9 R: I'm interested to know whether you have heard of insecticide treated net before?
- 10 P: Yes, I have *perceived knowledge of ITN*
- 11 R: You have?
- 12 P: Yes
- 13 R: If yes, how did you get the information? *awareness information*
- 14 P: Ok, is in the hospital. They came to the hospital and introduced the insecticide *Access and availability of ITN*
- 15 treated net and they happened to share it free to us that day. *distribution, availability, accessibility*
- 16 R: Ok, it was free that day?
- 17 P: Yes, it was free *Hospital - as a distribution and awareness centre*
- 18 R: Can you tell me when that was?
- 19 P: That should be four years back *Inconsistency on distribution, unavailability*
- 20 R: Is it when you were pregnant for your first baby?
- 21 P: Yes
- 22 R: Ok, how many nets did they give you that day?
- 23 P: They gave me two *Exposure to malarkia stock*
- 24 R: They gave you two, in the hospital? *(Each family to be given two ITN during distribution)*
- 25 P: Yes, because I was with my younger sister that day. They have to share it according
- 26 to our number that day *Insufficiency of net for distribution,*

- 1 R: ok, alright
- 2 R: If you have this net, do you sleep under net?
- 3 P: I don't use to sleep under net but mostly my children because is somehow suffocating when there is heat or something like that. So I don't sleep there
- 4 R: So, is only your children that sleep under the mosquito net?
- 5 P: Yes
- 6 R: Ok, now that you are pregnant, do you sleep under mosquito net?
- 7 P: I was sleeping before but for some time now, I have not been sleeping under the net because of heat
- 8 R: So, is not all the time that you sleep under the net?
- 9 P: Yes because of heat, I'm not sleeping under it now
- 10 R: Ok
- 11 R: How do you feel about using insecticide treated net, I mean your experience on using insecticide treated net?
- 12 P: It is very... very good because ones you are under it you won't feel any mosquito. Like the first time I used it, they told us that we should open it, spread it, not under the sun but for breeze to touch it a little. After we spread, then we fixed it in our room. But later I found out that when is dusty, you wash it and after that first washing, they said we should use warm water and detergent to wash it, just to remove it
- 13 R: Detergent?
- 14 P: Yes
- 15 R: What kind of detergent?
- 16 P: Like Ariel or something like that to wash it off that was all. Then after using it for the first time, I started seeing mosquitoes, ones you are inside, I started seeing mosquitoes inside so I don't know if that warm water I used in washing or something like that. So I believe that the chemical reduced after the first washing. Though we been using it like that
- 17 R: Ok
- 18 P: It reduces the mosquito bite, ones we are under the net; we don't feel the mosquito again
- 19
- 20
- 21
- 22
- 23
- 24
- 25
- 26
- 27
- 28
- 29
- 30
- Net only use on comfort
fumes from net could irritate
risk involved
- Risk is associated with use and pregnancy stage
- discomfort (pregnancy) discomfort
- pregnancy blues
- quotes
- Information on care of the net
How to care for the net
- chemical used reduces after washing off
it becomes ineffective
mosquito bites
- misinformation
risk wrong use
Reduces effectiveness
- place of safety
you must be under the net before it protects you from mosquito bites
- place of comfort
discomfort vs safety
short term Long term

children's vulnerability concern

feeling of misery hopelessness

challenges on ITN use (children pose as one of the challenges)

Technicality in the opening of the net before sleeping

children may lack knowledge of ITN use

showing understanding of the subject - this is not necessary becoming an insider level risk a lot of sense

difficulties challenges living life in subjugated environment forgetfulness

expressing belongingness motivating participants to talk more showing concern

- 1 R: You don't feel mosquito but....
- 2 P: Sometimes it can enter. It can enter sometimes, I do say may be like when you keep
- 3 children under, they have not slept but you ask them to go inside, sometimes they will
- 4 come out anyhow. So sometimes I do feel, may be because of the way they open the
- 5 net, then by chance mosquitoes might have got inside or something like that. But
- 6 sometimes they will sleep and when they wake up I will see the mosquito bites on their
- 7 body, so I started wondering how come, is it that the net is not working? may be the way
- 8 I'm handling it or may be the children are also causing it by coming out when they are
- 9 not suppose to come out or something like that.
- 10 R: Ok, maybe is because of washing, nobody can tell but the thing is, I don't know the
- 11 type you have got. There is one they call long lasting insecticide treated net, even if you
- 12 wash that one the effectiveness will still be there
- 13 R: When you got that net, was there no information on it?
- 14 P: Yes, but I can't remember, I read it but I can't remember about the net again. Is over
- 15 four years now so I can't remember
- 16 R: Because that one should last between 3 to 5 years
- 17 P: Ok
- 18 R: Once is 5 years, there should be need for you to re-treat it or replacement depending
- 19 on the condition of the net because sometimes the net may tear and when is like that
- 20 some people keep stitching it. Have you ever experience that?
- 21 P: My nets are still ok
- 22 R: They are still in good shape?
- 23 P: Yes
- 24 R: Ok, which means your children are really good children
- 25 P: Ha ha ha ha, I'm hearing their voice
- 26 R: Because some boys you see them playing around, some of them are destructive
- 27 P: That's what I'm saying, you chase them around. You tell them to go and sleep. May
- 28 be once you leave, you will see them playing around outside the net not even inside the
- 29 net
- 30 R: Ok

5

Mosquitoes target people mostly at night

Prompting

weather condition influences ITN use

less use during dry or hot seasons

more use during rainy season

more attacks during rainy season

children can never be restrained or controlled during heat. They always find escape route when forced to sleep under net

concerns for her condition and her children

logical and sense making

pregnancy

discomfort

miserable

Trade off

sleepless night

uncomfortable

maternal interaction

maternal attack is obvious

discomfort emphasized

prompted

1 R: From all indication, it means that your children sleep under the net

2 R: Do they sleep under the net every night or sometimes?

3 P: Every night, like there was a time I can.... I can see that during this dry season

4 because of heat because the weather here is so hot, so I don't normally put net for

5 them. there is a lot eehm there is no more mosquito like the way we use to because but

6 right now that the rain have started falling the mosquitoes are out I normally put it

7 R: They are out from their hiding?

8 P: Yes

9 R: ha ha ha ha

10 P: During dry season, when you put the net even if you leave windows open you don't

11 feel mosquitoes and there is a lot of heat, when you put them under the net, they still

12 come out

13 R: Do you put on something like fan for them?

14 P: I put them

15 R: Do you open windows for them?

16 P: Yes

17 R: When you are sleeping under the net and open windows, fresh air from outside will

18 be coming in so you won't feel heat again

19 P: We do open, there was a time, due to my own condition, there is a time I use to feel

20 cold and instead of putting them under the net, I have to lock the windows, I use to

21 close the windows and then leave them without the net because when you lock the

22 windows and put them under the net, heat will be too much for them. So in other to suit

23 all of us, I will rather close the windows so that I will not feel that much cold.

24 R: Ok

25 P: That's it, for some time now, they have not been under the net but for the past one

26 week now, we have been seeing rain here, mosquitoes are out, I'm putting on the net

27 R: So, is not all the time that they sleep under net because of heat which can be inform

28 of discomfort? — prompted

29 P: That is the main problem

- 1 R: Ok, what about your husband, does he support the idea of sleeping under a
2 mosquito net?
- 3 P: Yes *husband's support*
- 4 R: He does?
- 5 P: Yes
- 6 R: Does He sleep under a mosquito net? *Quote*
- 7 P: He himself doesn't like sleeping under the net. He doesn't even like sleeping on the
8 bed. He likes sleeping on the floor *make us more vulnerable to pregnant women and children*
- 9 R: So He sleeps on the floor *Support vs trade off*
- 10 P: Yes (Smiling) *insider implication stimulating answers*
- 11 R: But even if He likes sleeping on the floor, He can still fix mosquito net there
- 12 P: But even where He is living now at Awka (Capital of Anambra State, Nigeria) He said *influence*
13 there is a lot of mosquitoes, even though there is heat, even though there is harmattan *weather*
14 (Winter), there is too much mosquitoes there, so He took one of the net here, so He *attitude*
15 normally sleep under the net but because of heat, He said that it is even better that heat *availability*
16 is doing him there than mosquito biting him. Mosquito is too much
- 17 R: So mosquito is too much there? *Comp*
- 18 P: Mosquito is too much there, that is why He had to go with the net, He said, he will be
19 using it over there *Most men find ITN discomfoting* *sleep freely* *heat irritation*
- 20 R: Ok
- 21 R: That's interesting, so anytime He comes home here He doesn't sleep... *deception* *acceptance*
- 22 R: He doesn't sleep because this place is very hot and He prefers the mosquito biting
23 him *indirectly showing unsupportive*
- 24 P: Hahaaha
- 25 R: Rather than him using a mosquito net?
- 26 P: Yes
- 27 R: Alright, in as much as He supports it and he wants you and your children to use it
28 and He sometimes uses it, it's just because of the discomfort.....

Taking side
• female perspective
• Position show off
• women and children most vulnerable to malaria

7

- 1 P: Yes, he doesn't sleep under it
- 2 R: Ok, that's fine
- 3 R: Can you describe how you use mosquito net?
- 4 P: Ok, like my bed is on the floor, do you understand
- 5 R: Ok
- 6 P: I removed the bed because the bed itself....the foam is a bit bigger than the bed, so I
- 7 have to keep it on the floor and I...there is.... I did not put any stick or whatever to hang
- 8 it but I...I put nails on the walls from this edge to the other, so I have to use rope to
- 9 connect it with the rope to the net, so I direct it from there. Four places, I put nails in four
- 10 places, I use it to hang it then when I tight it very well, I push the bed to the wall
- 11 R: Ok
- 12 P: Then I will put the net under the bed, and after dressing the bed I will put the net
- 13 down and put them under the bed
- 14 R: So you tuck it in under the bed
- 15 P: Yes, I tuck it in under the bed
- 16 R: Under mattress
- 17 P: Yes, under mattress
- 18 R: You mentioned that the first time you got the net, you were told to wash it, first of all
- 19 to air it, for how many hours were you told to air it?
- 20 P: You air it as long as for like two three four hours
- 21 R: You were told to air it for two three four hours
- 22 P: Like how I did my own, I left it like around 6-7:30 in the night and I left it overnight and
- 23 in the morning I removed it
- 24 R: Before using it
- 25 R: Where did you keep it after you air it?
- 26 P: I left it outside under a shed
- 27 R: So that... why did you do it at night?
- 28 P: Because they said the net doesn't need sun

positive assumption
weather condition
heat - bed on the floor
outsider implication
things taken for granted

pragmatic
decision
seems easy
and comfortable

to better clarify
the point

misinformation
actual
care of
the net
chemical
implication

not well
informed
Bad practice
head knowledge
not actual
knowledge

stepping out from
insider to outsider
to demand for
clarity
• Very provocative

Inherent bias seen
in the questions raised

cause it's damage
not effective
could easily tear

1 R: Alright

2 P: They said that it doesn't need sun, that's why then in the morning I remove it, I
 3 experienced that first period I used it, sometimes when you come out from the net, I will
 4 look at the net, you will be seeing mosquitoes perching

5 R: Ok, at the...

6 P: The dried mosquitoes

7 R: Ok the dead ones

8 P: The dead ones. I felt the effect

9 R: How did you feel?

10 P: I was very happy (chuckling) during raining season and the mosquito was very much

11 R: I know that you will be saying finally this deadly thing, the killer disease

12 P: before we will buy insecticides spreading, when you do it this night, the next day you
 13 see it every where

14 R: have you ever washed the net?

15 P: Yes

16 R: How many times have you washed it?

17 P: I have washed like more than three four times because of dust

18 R: Just because of dust, you want it to look clean

19 P: Yes

20 R: Is only because of dust and you want it to look clean

21 P: Yes, because sometimes when you raise it up because is under the floor and
 22 sometimes even though I do mop my room but whenever you raise it up you will... you
 23 will feel it, you will feel the dust. I had to wash it because of the children

24 R: Ok, that's good

25 R: Is there any other way in which you try to prevent yourself and your children from
 26 malaria?

27 P: Yes

chemical concern
 damaged by sun
 repels or kills mosquitoes
 ineffective
 loss power to kill

other alternative
 to malaria
 prevention (ITN)

insider position
 to become more
 intimate

Environmental
 factor

insider
 implication

Hygiene
 practices

influences to ITN use
 dust children

women ethics

- 9
- 1 R: Can you tell me about it? *children*
- 2 P: (Chuckling) like this mosquito net is...is first thing I have tried because the malaria is
- 3 too much and I know is caused by mosquitoes and for me to prevent the malaria, I have
- 4 to prevent them from being bitten by mosquitoes so I used the net and eehm when I
- 5 know that I'm not going to use the net like I said before because of heat, I do buy
- 6 insecticides like baygon (insecticide) I do buy them, then spray them in the room so that
- 7 it will reduce the mosquitoes and sometimes I do buy the malaria drugs. *Overall, my insider status here prevented me from eliciting some explanations I would have pointed that of course "I knew it". To explain further on these points so that whoever reads through would understand*
- 8 R: Ok *malari* *children*
- 9 P: Just to reduce the...this thing in their body because they normally....I have not taken
- 10 my children to the hospital because of malaria.
- 11 R: You have never taken them to the hospital?
- 12 P: I have never taken any of them to the hospital
- 13 R: So you do self-medication in your house? *Provocative Question inherent bias insider implication*
- 14 P: Yes, my children have never gone to the hospital *Home treatment local herbs local practices*
- 15 R: So you treat them locally?
- 16 P: Yes *Dealing with malari situation*
- 17 R: So, what do you do?
- 18 P: Ones I feel them hot, when you look at your child you will know when the body
- 19 systems have changed or something like that. Like how I normally feel it on the body of
- 20 my children, my first son is a rough type, He likes playing, whenever you see him dull
- 21 and the eyes are changing, you will know that something is wrong, "understand" so I do
- 22 use herbal, all these herbal leafs you know like scent leaf and bitter leaf *Mother's Love and Care*
- 23 R: Scent leaf and bitter leaf *local method affordable available trusted*
- 24 P: When you squeeze them, you use hot water to mix the water you brought out from
- 25 the ee....this thing the leafs, then you use it with pump, that's local way that we do use
- 26 it, we call it pump, that's how we use to do it *could be dangerous side effect injuries*
- 27 R: Pump?
- 28 P: With one plastic something that have eehm.....mouth like syringe but is not syringe
- 29 but plastic *situation*
- 30 R: You made it or they sell it in the market?

1 P: They sell it in the market

2 R: And is sold for that purpose?

3 P: Yes, for that purpose, so when we use it, we will put it in their anus and put the water
4 inside, it will flush the whole dirty in your stomach

*Dangerous practices
it works for her*

5 R: Do you take it orally?

6 P: Yes, you take it orally as well. So after that....that day you did that to the child you
7 will see that the child will be free, and I will go to the chemist shop and buy malaria drug
8 or sometimes we have a family doctor. I can call them, they will tell me the malaria
9 drugs that I can buy, I buy it and I will give it to them. So that's how I normally treat
10 them, once you give them the medicine after the pump, after that one, then, once you
11 give them the malaria drug and that one (pump) that's all

*Self medication
Back up with English drug*

12 R: The thing will disappear and you never thought of going to the hospital for them to do
13 test, to check if it is malaria

*provocative question
insider implication*

14 P: There was a time we did it, there was a time we called that our family doctor, so he
15 has to come to the house, take their blood "do you understand", after doing the test
16 everything was malaria. They don't suffer anything apart from malaria....malaria

malaria is their common sickness in her family

17 R: So all the test they do is malaria....malaria

18 P: Yes, whenever I see them dull like that, I will just buy malaria drugs and give them
19 and after that they will be ok

*Self medication - easily accessible
affordable*

20 R: So, you are using a kind of past experience to treat any time they are presenting with
21 the signs you think is malaria?

22 P: Yes

23 R: Ok

24 P: Because apart from that they don't have any other sickness

malaria seen as common sickness

25 R: Is all that the major problem....

26 P: That's the major problem

major problem

27 R: Have you ever heard that pregnant women and children under the age of five are the
28 most vulnerable to malaria attack?

*Empowerment of the participant
in knowledge construction*

29 P: Yes, I have heard it

*Participant perceived as a
colleague in the research
process*

30 R: Where did you hear about it?

- 11
- Health workers
- 1 P: Although they have been teaching it by one woman that came to Shanahan
 2 sometime ago, to give us talks about malaria
- 3 R: In Shanahan, is it the antenatal clinic where I met you?
- 4 P: Yes, she told us about that and when... you know... when I'm pregnant, I don't take
 5 drugs anyhow apart from the one they give me there like the last time I went to
 6 antenatal. They gave me drugs there, I had to take it there, and they gave it to me there
 7 to take "you understand"
- 8 R: Ok
- 9 P: So, although before they gave me the drugs, they..... after the urine test they found
 10 out that I have malaria in me
- 11 R: In the urine?
- 12 P: Yea, they found out that I have malaria
- 13 R: So you can get malaria through...
- 14 P: No they said that the urine is not normal so they have to send me to test, that I
 15 should go and do malaria test
- 16 R: Ahaa ok,
- 17 P: So I have to go and wait and do the test so it came out that I have malaria. So they
 18 have to give me the drugs. So that's the only thing I do if I'm pregnant
- 19 R: So you suffer malaria?
- 20 P: Not all the time is only when pregnant
- 21 R: This has back up the saying 'that pregnant women and children are the most
 22 vulnerable to malaria'
- 23 R: Can you tell me how often do you suffer malaria?
- 24 P: Not all the time like I have had eehm different kind of experiences like when i'm
 25 pregnant, like my first child even right from day one I do have fever till I give birth I do
 26 have fever but my second child, there is nothing like fever and even this one there is
 27 nothing like fever but like two week now before they gave me that drug I felt fever. Is not
 28 that when you touch me you feel fever but inside me I feel hot so that's it but even if
 29 I'm....even if I'm having malaria when I'm normal you can't touch my body and feel it but
 30 when you feel it on my body just know that I'm dead inside

I would have
demanded for
more explanation
for clarity
sake

Vulnerability
during
pregnancy

Assumed I should know everything
about her
Sees me as African Eastern Nigerian woman
Previous experience of pregnancy

clarity required

Vulnerability
during
pregnancy

Re-affirmed
the proposition
or phrase of
vulnerability
of malarial

Confusion and
conflicting
statement

12

R: Ok, you already dead

> Provocative
Statement
insider implication

P: Yes, that's it

R: So, did they give you people like all these malaria preventive tablets in the hospital when you are pregnant like fansidar.....is it fansidar they call it?

- Eliciting more
information

P: Yeeeeees(not really sure) they gave us eehm four kinds of drugs..this eehm...

R: Is there any one they say is for malaria?

Level of knowledge

P: No, those ones are just routine drugs...routine drugs that they normally give like multivitamin....the red one is it....i don't know that one, is it for blood or something like that

normal (ANC)
routine

R: "fesolate"

P: Yes

R: Folic acid

P: Folic acid and which one again.....I think calcium, that's the one they give us

R: No other drug?

health workers

P: No other drug except if they find out that you have malaria

observation

R: So they don't give you any malaria drug except they find out....

P: Except they find out

provocative

lab test feelings
sign and symptom
malari's treatment

R: So there is nothing like prevention like malaria preventive measures like malaria preventive drugs during pregnancy

> vivid statement

P: They don't

R: So they don't use it in that hospital?

P: I have been in the hospital like how many months now...it is just that once they gave me drugs.

R: Ok, because they tested it and they discover that you have malaria

P: Yes

R: Ok, that's fine

R: Your children, can you tell me how often they suffer from malaria?

provocative
insider
question
so bold

13

children

feeling of misery
persistent malaria attack

1 P: Like two weeks now they have been sick. I have treated them that malaria because I
2 usually treat them and the small one is ok. He is not feeling hot now but since yesterday
3 the first one came back from school and he is been feeling hot

4 R: Ok

5 P: I gave him paracetamol and he is ok. This morning again, he started feeling hot; I
6 gave him paracetamol before he left.

7 R: So, like in a year, can you tell me how many times...

8 P: Since this year

9 R: And this is the third month

10 P: Yes,

11 R: But last year....

12 P: I cannot remember.....last year, I treated them malaria.....it was three times

13 R: Even with the use of insecticide treated net?

14 P: Yes

15 R: But you said that you don't use it often?

16 P: Yes, but once is rainy season...once rain started falling I do...I usually use the
17 mosquito net

18 R: Ok

19 P: Is just this dry season that we don't see rain and the weather is very hot, that's when
20 I started using it. Since the rain have started now, I have started using it. That's how I
21 use the mosquito net

22 R: Ok, alright, that's fine

23 R: Can you tell me more about different ways you have used to protect yourself and
24 your children from getting malaria?

25 P: Ok, there is this eehm...there is this leaf we do normally.....its just like tea but is a
26 grass....when you see it, it looks like grass

27 R: What is it called?

28 P: eehm....i don't know what it is called

trouble shooting

Persistent malaria attack

feeling of misery
hopelessness

season influences
ITN use

high use during rainy season
low use during dry season

1 R: When last did you use it?

2 P: Ok.....like this last one that my second son was sick, I used it....but I cant still
3 remember

4 R: Is it lemon grass?

5 P: Exactly...lemon grass. I used it to give him. I boiled it together and I give it to him
6 because I started feeling that his stomach, he was having something like running
7 stomach and at the same time vomiting. I felt its diarrhea, I had to go and eehm...I
8 bought eehm oral drip, I gave him the oral drip even though he doesn't like taking it
9 often like that. So, I now use this lemon grass and I boiled it together and there was
10 another drugs that I gave him to prevent him from vomiting...eehm I gave it to him once
11 a day but I gave it to him and after that he started vomiting but I gave him the lemon
12 grass tea to reduce it and the stomach was increasing "understand" but after giving him
13 lemon grass, he had to go to toilet and flush everything out

14 R: Ok

15 P: Sometimes like myself....like myself, I do normally like all these eehm...scent leaf, I
16 like eating them, even when I want to eat yam...those things I like taking it, use it as
17 source to eat yam. All these leafs I normally take are good. My grandmother taught me
18 how to use herbs. She doesn't take all these medicine, is only herbs that she use

19 R: So you believe that those herbs when you take it, it works against malaria?

20 P: Yes.....but once she use it, once she felt that she is having malaria or something like
21 that, she will just gather those herbs and boil them sometime she will use it as drink and
22 or use the water to bath

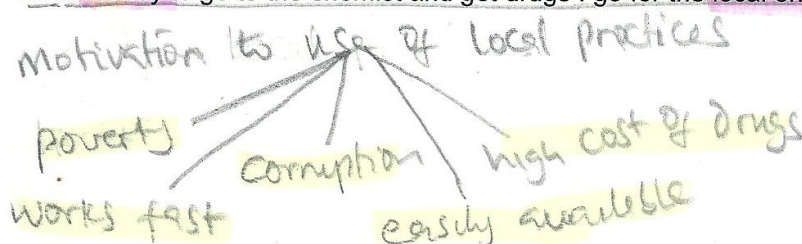
23 R: So you use the water to birth?

24 P: Yes, you use it to bath and drink it and after that she will be ok. But sometimes I do
25 use it on my children. When I see them around, I will get them, after boiling them, I will
26 use the water then they use it to bath and they drink it

27 R: What if you are told to stop doing those things because of measurement?

28 R: You can't really say that this is the accurate measurement. What if you are told to
29 stop doing that and how will you feel about it?

30 P: Well, because of the effect, I do see the effect on them when I give it to them and you
31 know as it is hard here in Nigeria to buy drugs sometimes I do do them when I don't
32 have money to go to the chemist and get drugs I go for the local ones that I have



Using available to substitute the unavailable (pragmatic measure)

- 1 R: Because they are locally available and you don't need to buy it.
- 2 P: Yes, after that they will be ok
- 3 R: You just feel that there is no need stressing yourself *insider implication*
- 4 P: (chuckling) yes, honestly *to verbalise and relax*
- 5 R: Going to chemist to waste your money *provocative statement*
- 6 P: Not even wasting, when I don't have money, when I don't have it at hand I have to do *no hospital visit*
- 7 the one that is available and after that I have to go for the.....but all I know is that even
- 8 though they do suffer for malaria sometimes but I have not taken them to hospital *sense of confidence in own skill*
- 9 R: or for anything. That's fine. Thank God for that knowledge you have got *children*
- 10 P: Thank you *sense of encouragement and empowerment*
- 11 R: is a good skill but you still need to develop it, may be do some research work when
- 12 you get admission and see if you can research on those herbs and see what will come
- 13 up
- 14 P: Ok
- 15 R: you said that you do use flit?
- 16 P: Yes
- 17 R: Just to make sure that.....by the way, why do you use flit? *other alternative*
- 18 P: Yes, it kills the mosquitoes, like when you spray it in your room air tight, the room has *malaria preventive measure*
- 19 to be air tight. Make your room air tight then you spray it and close the door, leave it for
- 20 some hours like myself I do leave for like 30 minutes before I open the windows for
- 21 the....smells to go out "do you understand"...but if you come around both on the walls,
- 22 windows, you will be seeing the mosquitoes....it do it them *local practices*
- 23 R: Ok *self defence*
- 24 P: Yea, you will be seeing the mosquitoes. So but even though that the....flit they have
- 25 eeehm side effect like.....so it can cause cough...catarrh....so that's why if I leave it like
- 26 30 minutes just to kill those ones in the room...the mosquitoes in the room, then I will go
- 27 inside and open the windows, so that air..fresh air will come in and those flit will go
- 28 out...the smell will go out *chemical concerns*
- 29 R: So when you flit your room, where do you stay? *side effect - discomfort*
- 30 P: We stay outside *Personal Space* *cough* *catarrh* *fumes kills*

2 P: Yea, like if I want to hit it today, then after school, when they come to school after
3 their siesta, we will go outside, maybe when we are cooking in the night.

4 R: What time do you normally flit the house?

5 P: Like ifmaybe we are..... all of us are at home, nobody goes out or something like
6 that. We can take for like...let's say for one hour....."Understand" to stay outside

condition
too unbearable

7 R: I mean what time of the day do you flit the house?

8 P: Ok...in the evening...we normally do it in the evening because you cannot ask
9 somebody to go out in the afternoon....hot afternoon to stay under the sun.....during the
10 evening let me say around 5:30 to 6pm, there is no longer sun. All of us will be outside
11 then we will flit the whole room "understand" then after the 30 minutes or may be 40 to
12 45minutes, we will open it.....the windows....or we will just come, open the windows...I
13 will still go outside "understand" so that the smell...the odor will go out because of the
14 side effect. Then after that....when the odor have gone out then we will come in

miserly
and hopelessness

15 R: So, how do you protect yourself and your children from mosquito bit when you are
16 outside?

17 P: Like my children, I do wear then sucks, trousers and caps, sweaters and long sleeve
18 so that they wont be bitten by the mosquitoes

Extra protection when
outside

19 R: Ok

Adults

20 P: Then we will just wear normal cloth "Understand" and we will beating the mosquitoes
21 with broom as they come around us, then you kill it. Then after that we go inside.
22 Although it normally bite inside because once you are sleeping, you won't be having the
23 time to be killing the mosquitoes (chuckling) as they are perching around biting

24 R: Ok, that's fine

feeling of misery
and hopelessness

25 R: is there anything you will like to talk to me about in relation to insecticide treated net?

26 P: Yea

27 R: Go on, let's hear the story

28 P: I (chuckles) I like the insecticide treated net because it prevents it a lot. I have seen
29 the work like I told you that the first one I used before I started washing it, it works a lot.
30 Once you are inside the net. You won't feel any mosquito and if you come out and look
31 at the net you will see that the dried one...the dead ones that perched around it. It
32 works and I believe that it prevent mosquitoes very well

Quotes

Washing
off
chemical
reduces
ITN effect

Motivating Influence on ITN use

- It prevents mosquito bites
- It works
- It protects if under it
- It repels mosquitoes
- It kills mosquitoes

17

- 1 R: Ok..
- 2 P: Even me self I have noticed that this one... it seems as if it is not working as usual
- 3 before. I was even thinking to get another one because I like the net and my husband...
- 4 sometimes I may feel tired... I might not even... I may feel tired, sleep off without putting
- 5 the net, it's my husband that will wake up (chuckling) and go and put it for the children.
- 6 We like using net... we like using net
- 7 R: So, your husband knows how to put it and you know how to put
- 8 R: What about your children, do they know how to put the net?
- 9 P: No, they are still small
- 10 R: Do you intend to teach them...?
- 11 P: Yes, like my first son, sometimes if I'm doing it, he will come inside the bed and help
- 12 me, I'm teaching them how to do it
- 13 R: Ok, that's lovely
- 14 R: Are you saying that you advise people to use net?
- 15 P: Yes, I advise them to use it and also eehm..... I plead... I appeal for the government at
- 16 least they should find some solution to this malaria stuff
- 17 R: so you feel that insecticide treated net is not enough for it
- 18 P: Is not that it is not enough but you need..... like my husband now.. he doesn't like
- 19 using it, he feels that the weather is hot because of heat or something like that but once
- 20 that there is another solution that we can do just to prevent malaria or this mosquito
- 21 stuff... it will be appreciated because not everybody like sleeping under the net "do you
- 22 understand" my husband is a heat type.. like as we are in here without fan... he can't
- 23 stay here without fan. He will be naked or either he goes out because of heat, so you
- 24 can't tell him to sleep under the net, while he is feeling hot or something like that. So I
- 25 believe.. the net is working really for those that like using it... myself I like using it but
- 26 because of my condition sometimes I feel hot, so in other for to be comfortable I have to
- 27 come out from the net "you understand"
- 28 R: Are you talking about you being comfortable, I think you should also consider the
- 29 child in the womb?
- 30 P: Chuckling
- 31 R: You see in other to protect the child who is the womb, from getting malaria, is it not
- 32 better you still sleep under the mosquito net. open all your windows to allow fresh air to

chemical effect \leftarrow wash off net expires because of long stay

husband support

insider and outsider implication, trying to elicit more information

family involvement

motivation on ITN use

government intervention

feeling of helplessness

call for other alternative method

discomfort \leftarrow trade off misery

people prefer their comfort to using ITN

1 get in, normally as it gets to midnight, everywhere gets cold, it is only during the early
 2 hours of the night that it gets hot. I think that people should just manage and use the net,
 3 its just that it is not easy. ~

Encouraging people
in a sense

4 P: Chuckling

5 R: I understand

6 R: Is it all that you want to talk about as regards to insecticide treated net?

7 P: Yes....i....i....will also say that if they can like people appreciated it when they shared
 8 that net...they called people and if you can go there you take...if government can
 9 provide it to people that cannot afford it or something like that. I believe it suppose to be
 10 free

A free Net Distribution strategy

11 R: Do you buy it?

free for people who cannot afford it [make it available accessible]

12 P: I don't buy it but I believe that it suppose to be free but for them to help the poor ones
 13 "you understand" even if the poor ones are suffering from this malaria eehmm rich
 14 people are suffering from it, they can be able to take care of themselves but the poor
 15 people cannot take care of themselves because of lack of money, the economy in Nigeria
 16 "do you understand"

Corruption Poverty rich Lack of access to health services
vs poor

17 R: But they supply it?

18 P: They do supply it but (voice tone raise) imagine since how many years ago now. Had
 19 it been that my children are those rough type, they must have tear...they must have
 20 destroyed the net and by that time you won't have another one

21 R: Ok, they don't supply it often

22 P: they don't...at all, they don't supply it

unavailability of ITN

feeling misery and mistrust

23 R: Since four years, they have not supplied it or distributed any where?

24 P: Yes I have not seen any

25 R: As you are pregnant now, you should have gotten another one

26 P: For how many months now, I have been going to antenatal. I have not seen such
 27 there

deception and misery

28 R: do they say they don't have or has it run out of stock?

- 1 P: I have not seen any. It may be because even since I have been going there, is only
 2 that once I got that net..four years back...I have not seen another net may be they are
 3 going to all these health centers or something like that *uncertainty, deception and mistrust*
- 4 R: In the hospital yesterday, they told me that the ones they have had just gone, that
 5 they have given them out...
- 6 P: Since I started this antenatal for this child for like many months now I have not seen
- 7 R: Did you ask them? *obvious SSP in information seeking*
- 8 P: Though I have not ask shaa *health workers*
- 9 R: You would have asked
- 10 P: But it is not in our hands to ask now, they should be the one to share it...be the one
 11 to share it during antenatal..they know that people will come..so it is left for them to
 12 bring it out and share. So how will we know that they have it, when we they don't tell us *Health workers influences*
- 13 R: By asking, because knowledge is good. So for you to get knowledge of something
 14 you need to look out for it.....Seek and you will find *insider explanation*
- 15 R: Is a good idea, they should ask people during antenatal visit
- 16 P: And even during immunization, it is also advisable to share it there
- 17 R: But the thing is that even if you share it that way, the people that have will also
 18 collect more. The question is 'how will they know the people they have given and the
 19 ones they have not given' *interactive session becoming more like a friend instead of researcher*
- 20 P: They should be taking records because those people that share pampers.....that
 21 bring pampers to introduce it to....like first three months...once your baby is more than
 22 three months..they will know that you have gotten that pampers somewhere else
 23 "understand" whenever they come to share, they do give pampers free there.." do you
 24 understand" so when they come, they take records, your phone number, your details,
 25 everything, so you cannot go to collect another one when you have already collected
 26 because they have your record there
- 27 R: Because that record will be in line with the one in the hospital
- 28 P: Exactly *possible suggestion to tackle ITN distribution*
- 29 R: So even if you give them fake one, they will still find out
- 30 P: Exactlv

1 R: Ok

2 P: That's the only way to rectify it

3 R: That's a good contribution. Thank you very much

4 P: You are welcome

5 R: One more question, I don't want to take too much time because of baby, the baby might
6 scream for help. "Baby you should give us few minutes to round up"

7 R: Is there anything again that you want to talk about as regards to malaria prevention
8 in Nigeria?

9 P: Well, is what the government can do "understand" like now....if you go to the market,
10 you will see different types of malaria drugs "do you understand" is either this company
11 will change name, put another name and say if you take this one you will be okay. If
12 Nigerians can do research and get something that will be the cure at least when you
13 take that drug, you will know that you have taken it or maybe they will find out
14 something that they will do to reduce it because malaria is killing people

fake
drugs
more
research
Permanent
cure for
malaria

15 R: Is killing, but you as an individual...forget about the government...the problem we
16 have, we are the solution to that problem. Now that you are pregnant, you are a woman
17 and a mother; you are the one suffering from this malaria. What solution or strategy you
18 think may benefit malaria prevention, so that our children will stop dying and pregnant
19 women will stop dying?

20 P: Yea, I believe that what we eat.....sometimes like fried food...I believe some of them
21 causes malaria too

Nutrition Concern

22 R: Fried food?

groundnut oil food type causes malaria's cooking method fried food

23 P: Like too much of fried groundnut oil, though it gives fat but too much of fried things, I
24 believed it causes something like malaria too "understand" and eehm like myself now
25 i....i believe....like when I was sleeping under the net....when I was sleeping under the
26 net, I don't feel malaria for like five...six months, I didn't feel malaria at all. So I believe
27 others out there; one...they should be using net constantly "understand" like I said
28 before I don't usually use it but myself I have found out that is very...very good "do you
29 understand" to use net. Yea..net is number one....is very....very good for us to use to
30 prevent malaria and again, what we eat, we have to eat balance diet

Advocating
for its use

31 R: Ok

32 P: Like pregnant women, balance diet is very....very good for us; vegetables, fruits is
33 very....very good because ones you eat normal food....ones you eat balanced diet. I

- 1 don't think you will be feeling such things like malaria stuff or whatever....whatever. So
 2 when you eat balanced diet, your system will be normal "understand" and again....
- 3 R: Do you know if I link it, I will say that when you eat balance diet, your immunity level
 4 will go high because during pregnancy your immunity level reduces. This shows that
 5 when you eat balance diet as you mentioned, you will suffer from all these diseases
 6 including malaria
- 7 P: Yes
- 8 R: Is it what you feel?
- 9 P: Yes, that's what I feel but mostly....because I don't know any kind of preventing
 10 malaria apart from the net because I do feel sometimes that even if there is any way we
 11 can put the net as in around the.....whole house, around the rooms
- 12 R: I can see net on your window
- 13 P: Yea, like when you put this one here. What about the door? If you open the door, it
 14 will still come in through there...."understand".....we don't put nets
- 15 R: Maybe we will have something like chambers like you have the first door, second
 16 door and third door to the entrance?
- 17 P: Yea, once you open or whatever, it will still come in but net is very....very....good. I
 18 have seen the effect and I love it. Even for the past few months now, I have been
 19 looking for a way of getting another one to replace all these ones because I feel they
 20 are not really working.
- 21 R: Ok, have you considered going to the market to look for them?
- 22 P: I don't trust those ones
- 23 R: Why?
- 24 P: Even though the one I bought for my children is this small ones that look like bed
- 25 R: Baby cot?
- 26 P: Yea, that's the one I do buy for them like I have one here, all my children uses it but
 27 ones they have over grown that one, they will start using the big one, and that's how we
 28 have been using it but going to the market to buy the big one, I have not try that one
 29 because the ones I do use is the one they gave me. I trust that one more than the one
 30 they sell in the market
- 31 R: Why did you not trust the one in the market?

Good nutrition
protects
from mosquito
attack

Using
net
in a
different
way

positive testimony on ITN use
promoting ITN use

fear of buying fake ITN
mistrust vs trust

transition
from
cot to
big family
net

safety feeling

ITN from the hospital

Insecure

ITN from the market
fake danger

- 1 P: Yea, I don't know....i can't tell because....
- 2 R: Are you afraid of buying the fake one?
- 3 P: Yea, because I believe.....like the one my husband bought when he was going to
 4 youth service, that one, when you check the stuff...you will feel that one is very strong
 5 "you understand" *Price ITN in the market*
- 6 R: Ok *ITN Texture!*
market fake - strong *Free net from hospital - Soft*
- 7 P: After using it that first time, ones he washed it, the thing became very strong, when
 8 you touch it...when you feel it the net is very....very strong, it can cut someone's skin
 9 when you use it to scratch your skin but this one I'm using is very...very soft. The
 10 texture is very different from that particular one so that's why I don't trust those one they
 11 sell in the market.
- 12 R: Ok, alright, thank you very much
- 13 R: Is there any other thing you feel that you want to talk that we have not really
 14 covered?
- 15 P: No...no...no
- 16 R: Any other issue you will like to talk to me about?
- 17 P: Well, I don't have much to say than.....at least if those you are....those people in
 18 charge of the net. At least they should try hard to make it reach people
- 19 R: Ok, make it available to people *make net-
 suitable to
 people*
- 20 P: Yea, make it available to people...is very....very good
- 21 R: Ok, thank you very much Chinyere
- 22 P: You are welcome
- 23 R: I really appreciate the time you have given to me
- 24
- 25
- 26
- 27
- 28 P:

APPENDIX 9:

2015 International Conference on Nursing and Healthcare, San Francisco, USA.

(Poster presentation)



APPENDIX 10:

Stages in poetic transcription process

Example transcript: *Group discussion in Nsukka*

STAGE 1: Working transcript by transcript highlight elements that complement or are different from elements in other transcripts

M: Tell me, how do you feel on the use of insecticide treated net?

E: I myself I feel comfortable using insecticide treated net because whenever.....whenever I am using it especially in the night, it protects us from the mosquito bite and that will make me sleep comfortably.

U: I don't like using insecticide treated net. But the only problem I have with it is that I feel heat under it

D: Adighim e use the net (chuckling) I am not making use of it. Adighm e use it. Ihe kpatara mu adighi e use ya bu na oge ha wetere net ahu, ndi madu si na ona-egbu otutu ndi madu. So since that time I don't make use of it

Interpreter: I am not sleeping under the net. Why I'm not using the net is that when they brought the net, people were saying that it is killing so many people. So since that time, I don't make use of it

C: Like myself I like using it though it prevents us from being bitten by mosquitoes. But the only problem is that I feel hot inside it but my children do sleep under it

A: In my own case I don't sleep under it. If I sleep under it, I will be having itches. The whole of my body will be itching me and secondly, during heat period, is always very hot for me. So I wasn't using it

F: I don't use insecticide treated net because of the same reason they mentioned. It is usually very hot when you sleep inside it although I encouraged my children to use it. Some do, some after tucking it in....in the night, by the time I wake up in the morning I will find out that they have pushed the net away to one side of the bed, which means that they are uncomfortable with the net

F. U: Munwa na e use insecticide treated net (Myself I use insecticide treated net), in fact, the whole member of my family are using it, ihe anyi ji e use ya (why we are using it)....since anyi bidoro use wa insecticide treated net....but before ekee net anyi na enwe malaria (since we started using insecticide treated net....but before they started distributing the net, we are always suffering from malaria) because most of us are having malaria because we are AA this thing (blood group)....everytime, almost every two...two weeks anyi na aria malaria (we always suffer from malaria). Anyi na eje egoro ogwu malaria (we use to buy malaria drug) but ever since we started using this insecticide treated net, the thing reduced. Ezi-okwu na-ana e feel heat (is true that we feel heat) but I normally open the windows and make sure that everybody sleep under the net and we will not feel so much heat because the windows are open. So I feel so happy using it because since I started using it, I don't patronize doctors and chemist much

M: I once collected from the hospital but the usage didn't last because I feel very hot inside and then there were no net in my windows in the house, I felt very uncomfortable lying under this net so because I felt very uncomfortable....then there were no net on my windows but the discomfort I had, I stopped using it and I was forced to go and net my windows so that you can open your windows and with the net in the windows, the mosquitoes will not come in. I feel very hot inside it though I encourage people to use it...I feel very hot inside it

M: What are your experiences in using insecticide treated net?

E: My own experience is that since I started using this insecticide treated net, it reduced malaria though whenever you are lying under it you feel hot but I feel more comfortable under it. So I love using it

U: The same thing with my own. Since we started using it, like my children are using it, since they started using it, i.....I treat malaria less than before. Every time we have been treating malaria but since we started using it, malaria has reduced

D: I am not using it (laughing)

C: My experience is almost the same thing. It reduces malaria like my children they don't normally get malaria like before. But there is one thing I experienced, the first time I used the net....when I come out, like when I want to urinate in the morning, when you look around the net, you will see some mosquitoes that are dead already and some are hanging. But once I washed it once or twice, I found out that the chemical or whatever they used in treating or preserved it has reduced. Sometimes, you will be under the net and you will be seeing mosquitoes inside so I don't know if it is the warm water we used to wash it or the detergent or whatever. Maybe the holes expanded or something like that....I don't understand. So I feel that when you wash it once or twice, that chemical reduces the power.....so that is my experience

A: My own is that after experiencing the itching, I stopped using the insecticide treated net. So but some people that are using it, they said that it is very good that it kills mosquitoes as in if you are sleeping inside it, you won't be having malaria all the time. Once in a while you go to hospital. To me I wasn't using it because I wasn't comfortable with it

F: The fact that I am not using the mosquito net because of discomfort and for that reason I can't say much. I don't have much experience but as the last speaker has pointed out, those who use it are giving testimony that the mosquito net is alright, that it helps

F.U: On my own side is that my experience is that we don't treat malaria as we use to do before. So that is my experience and I noticed that ever since I started because I have washed my own twice. I started washing it....I think the chemical....the insecticide chemical inside it reduced. Sometimes I wake up I will see that mosquitoes have bitten me. So that is the experience I have

M: For most of us that have discomforting experience like me, I got from the hospital and I felt very hot and I could not use it again. I can't say much about it but I heard people say that it is very effective, that it works and all that. I won't say no to that because so many people trusted that it works. I don't have much to say about it though I encouraged people to use it

M: Then what other malaria preventive method are available locally?

D: (Chuckling) other what?

M: Malaria preventive methods are available locally?

D: Alright (silence but smiling)

F.U: What we do is by using salt and water to wash some of the thing we are eating like vegetables, fruits. I do use salt and water to wash them because it prevents both malaria and typhoid because I believe that those things from the market or from the farm....those things are not being washed well. Onwere ike during the time a na-ere ya na ahia (sometimes during the time they are selling it), some flies might perch on it which can bring germs on top of it, which can bring malaria parasite or that can cause typhoid. So for me to be sure that it is fifty percent safe, I do wash them with salt and water. Another local way I do use is that I make sure that I don't have open waters around and even if I have water in the bucket, I make sure that I cover it, in the gallons, I cover it and I make sure that there is no water left in the bathroom so that mosquito will not grow from that place. So another way....the third way is eehm making sure that the grasses around my house are well cleared. So I don't allow grasses to grow around my house because they attract mosquitoes which cause malaria

M: do you have anything to say about how to prevent malaria locally?

A: What I use locally to prevent malaria, like if I am staying outside I use mosquito coil....I do light on mosquito coil because I realize it scares mosquito aware as in if you light the coil, mosquito will not come near you. Another thing is that I do flit my room with "reed" insecticide and I keep my surroundings clean just like my sister said. I don't leave water, if you leave open water, it will bring mosquitoes. So I don't leave that inside my house

D: Well, I normally close my door on time and also net....anyi nwere net na rovers (we have net on our windows shed). Anyi na e use kwa ota pia pia jiri ya prevent kwa the mosquitoes (we use local insecticide called "ota pia pia" to prevent mosquitoes)

M: locally, we have these herbs locally, some of them are edible like this our nchuanwu (scent leaf) in prevention...like when you keep them in the house like you get the leaf and drop at some point in the house

U: (Echoed) nchuanwu (scent leaf)....what do you say?

M: Yes, nchuanwu (scent leaf)...some people when you go to their house, you see them using their own as flowers. They are not using it as flower because they are flowers...those things are not there as flowers. They are using it to scare mosquitoes

All: (echo as repellent) nchuanwu (scent leaf)

M: Yes, there is another one that looks like that nchuanwu (scent leaf) but it is not nchuanwu(scent leaf) but that one is white but It does the same thing. That one....I don't know...it is a type of flower but it looks like scent leaf

ALL: (adding to her explanation, trying to simplify it for better understanding, they call it mosquito drug leaf)

M: It is called mosquito drug leaf (lemon grass) by some people but it looks like scent leaf. If you cut the stems and drop at some places, mosquitoes will not get close. The chemical that are everywhere these days that are cheap like; you have sniper, you have eehmm...this is the one I normally use in the house, you use syringe to withdraw it and drop at some point in the house. Any mosquito that get into the place that you have.....that you have drop this chemical that I am talking about will just fall and die. You don't need to chase mosquitoes around. I have net in the house though to some

extent, the net cannot stop the mosquitoes from coming in. the children will always open the door and you will be shouting close door and as they open the doors the mosquitoes will come in. these things I just mentioned are the things that you keep in the house that I use locally incase if the mosquitoes came in. they are the things that I use because there is nothing that is as discomforting as that noise. I prefer the mosquito biting me than that noise that normally comes to wine in the ear, is very discomforting

C: Yea, what I normally use locally like what you just said is scent leaf and lemon grass. Sometimes I do boil it and we drink it orally with water and there is another one we call...in our village we call it dogoyaro and it is bitter. When you boil it...you drink it and some do use it and bath. It also use in preventing malaria

U: Excuse me, is the question on preventing malaria or preventing mosquito bite?

M: It all boils down to one thing because if you are preventing the mosquitoes from getting into the house, somehow you are preventing the malaria

C: I am not done yet, there is another one....this ehmmm...we call it pump. Like when you boil that nchuanwu (scent leaf) and bitter leaf. When you squeeze it the water....you mix it with warm water, you make sure that the water is boil and get cold, you put it inside that plastic rubber that has mouth...when you inject it to the child's stomach through the anus then it will flush out the whole dirty in the stomach. Then after that you can also give him or her this thing that squeezed out from the nchuanwu(scent leaf) and bitter leaf....they will just drink and they will get themselves and after that when you finish giving them that pump through the anus they will go to toilet immediately and you will see some dirty that they will be bringing out from their stomach. Those are the local things I normally do for my children and once you do that they will just get themselves. They feel better and relieved

U: How long does it last?

C: It doesn't last...just for that whole day, once you finish giving them the treatment, the body will be free

F: How often do you do it?

C: I do it normally when I see that they are sick. Before I give them any malaria drug or whatever, I normally do that one

U: Does it last?

C: It last...the effect last, like two...three months you won't see the child fall sick. It last

F: The moderator, when she was talking, she told us that we can use nchuanwu (scent leaf) the nchuanwu leaf;, does it suppose to be just the fresh nchuanwu or can I pick the fresh nchuanwu and allow it to dry and it continues to work

M: When It gets dry, the scent is no longer there. So it is the fresh leaf

F: The fresh leaf

M: Yes

M: Do you prefer these methods to the use of insecticide treated net?

D: Oka nma i use net instead of other things eji achu anwu ha na-ekpotasi....net ka better karia ndi ozo. Ma na o maka na ana akompleni na ona eme heat. Maka na onye okada butere mu ebea nakoro mu na o na-eme ya heat. So otue ebubatarara ya osi na o na-

eme heat, mu nwa ahuro otu aga nesi na e use ya. Mana ewepuya....apart from heat, na oka better karia other things enwere. Maka na tusa tusa ahu nwere ike nenwekwa other side effect. Ma oburu na enwere otu aga esime ya maka na-onwere mgbe mu di ime nwa nwurugoro mu na aho....that thing kill that child...I feel na oyanwa gburu ya because n'ime nke mbu, ownere mgbe mu biara oburu na-Oga mu atuchago ya mana the scent ka di inside the room. Anurum ishiya ojidemu afo ozugbo ozugbo chiharia..so mgbe ahu nturu nke ahu nturu nwa nwuru mu na-afo. The perfume, o mere mu ife na-afo...all those things mu noticiri na onwere, anam atuya na ulo mana omara ihe emere. Oburu go di nkea Oga mu gotere...o dium ka odighi ka etu chemical aa anyi natu. The thing di very poisonous. Onwghi ihe odighi egbu. Onwghi ihe di n' ime ulo ona adighi egbu even ma ant but na the chemical adighi nma for ndi human being....adighi nma for body ma obu ebe umu-azu no

Interpreter: it is better we use the net instead of other things that are used to repel mosquitoes that they are bringing. Net is better than others. Because they are complaining that it causes heat...the cyclist that brought me here was telling me that it causes heat to him. So now that they brought it and he said that it causes heat, I didn't see why we should be using it. Apart from that heat, it is better than other things we have for mosquitoes. Because that spraying insecticide may have other side effect but if there is any way they can do it because when I was pregnant of my baby that died in my womb, it is that thing that killed the child. I feel that it is that thing that kills the baby because in my first pregnancy, I came and I discovered that my husband has finished putting the insecticide but the scent was still inside the room. As soon as I perceived the odor, it caused stomach upset for me. So that time I spray the insecticide that caused the death of my child in the womb, the odor (perfume) really disturbed me. All those things that I noticed that it can caused although I still use in the house but with caution. Even this one that my husband bought, I feel that it is not like the chemical that we are used to. This one is very poisonous; there is nothing that it cannot kill. There is nothing in the house that it cannot kill even the ant but that chemical is not good for human being. Is not good for the body or where children are

C: I will say that is better we use mosquito net because once you prevent mosquito; there is no way you will have malaria. Those thing we use is that if we feel that malaria is already there then we apply the prevention but if you use the mosquito net, it will prevent the mosquito from biting then for you to get malaria. So I prefer net and one thing I want to add is that if is something that we will be getting regularly like I said, once you wash it once or twice, you will see that the effective is no longer there. It no longer works well...the chemical do reduce. Once it reduces, you will still be bitten by mosquitoes. If we can be having it constantly, regularly....I prefer mosquito net to other prevention

M: Will you wear net on in your living room or outside?

C: will I wear net in my living room or outside?

M: Yes, since you prefer net

C: Because once you are outside and you feel bitten by mosquitoes, you can wear cloth and cover yourself but once you are inside and feel hot or something like that....yea we can use it inside. If you have light you put fan so that it can help us when we are feeling heat or something like that. I prefer the net, there is no way you can use net and cover the whole compound now (chuckling) I prefer the net

M: (Laughing)

E: Both of them are ok only that this mosquito net is not always available, you hardly get it but when the availability is not there you can prefer other method

F. U: I can't say that I prefer using net alone even though I do not know some of the method that just came out now like using the scent leaf, keeping it around to prevent mosquito is natural and this insecticide treated net is not natural because of the chemical that they use to prepare it. So I think using the two method but local and the net is ok. Eehmm...I want to say something base on what one of us has said na ya use o net isi ya egbue nwa no na-afo (one of us said that if she use the net that it kills baby in the womb)

M: No, is the chemical that are being dropped not from the net

F.U: Ok, I thought is the chemical that is in the net because there is a way it smells. It is already called chemical and chemical is not something....is not natural. So chemical can cause...even at times when I started using it newly...we felt catarrh....so we felt catarrh because of the chemical they use to treat the net. So it keeps one uncomfortable until sometimes and you know that ones the chemical is killing insect, it has side effect on human life. So I prefer using both local and the net. Even now that I have gotten some information about some local methods, I think I will go home and be using the local method as far as it will be preventing malaria from biting us

M: Like one of my friend that is leaving close by all her flower beds around her house. She has flowers beds everywhere around and all her flower beds is scent leaf even at the back of her kitchen. She is the person that I asked and she said, 'you have not heard?' that she doesn't border herself concerning mosquito that she has scent leaf around and with the nets around that the mosquito doesn't disturb them that people will come and think that she is using the scent leaf as flower but she knows what she is doing. So I started and I cut some of the stems and dropped....i noticed that thing because mosquito bites me very well if I keep my leg down but as I cut the stem and drop I notice that the mosquito did not bite me. But the problem is that once it gets dry, it does not work again

M: C, you were saying something on the first question that we answered. You said something that washing the net the first time and you now found out that the effectiveness of the net has gone down. There is another problem that people experienced, sometimes you find out that they will tell you to come that they will treat the net for you and immediately they finish, you will not be able to use it, unless it stays for sometimes. It means that there is something and if you didn't know that the net has stayed for some number of days or hours that it suppose to stay before you start using it, you will find out that it will be causing problem. Then another problem we are having....why I prefer the local method to this insecticide treated net...the local method doesn't have much side effect...the net because of the chemical they use to preserve it has much side effect and the heat....most people that use it experience heat which makes them very uncomfortable and the availability of the net is one problem for those that will like it. The distribution is somehow restricted, you will find out that they will give to this people they will not give to this people. Looking at the political situation in the country, the only people that will get things that are free from the government are those people that have politicians. They will carry everything to the people and those that don't have politicians around them, you will see those things lacking in their area. So that's the thing. The availability of this net because if it is available to everyone, the number that is needed in every home. I feel everybody will start learning it. Of course is not part of us, is just something that we are learning, if there is these nets everywhere, by the time you will use it one month...two months...every day...every day, it becomes part of you and it will not a problem again but the nets are not everywhere. We talk about it and yet you don't see people using it. So that is it

D: And because of the chemical they use in treating it....for truth....it killed a lot of people that time and the heat. If somebody is lying inside it sleeping and with the heat, the person may even die

M: With the chemical inside it and together with the heat, the person will be inhaling it and quietly the person will go

M: What are your reasons for your preferred method?

E: I said that I prefer both only that the treated net doesn't come all the time but that local one, you can easily get it. So that's what I said

M: Easily availability....the availability is one point

U: Why I prefer using net like when you use it...like my children they do use them...like myself I feel why it is discomforting me is because I did not start early to use it. So since they started early to use it and it prevents malaria completely when they are using it. My reason is that it prevent malaria

A: I prefer both local and insecticide treated net because there is no way I can spray the net outside the house. I can use it only outside, I doesn't stay inside all the time. If I go to somebody's house where they don't have net and maybe they have that scent leaf or something of that nature, it can scare mosquitoes away from biting you. So I doesn't stay inside all the time and there is no way I can use the net outside. I prefer using both methods

F.U: As I said before, I prefer using the two methods both the local for preventing mosquito bites. My reason for that is one; that local one does not have side effect and I can't have that local one always because where I'm leaving I'm leaving upstairs. I can't keep the local one in the room maybe this morning or this night and maybe tomorrow morning I may not keep any because of the children. I may apply them and also apply the net because net they don't go often to remove it but in the night they don't remove it but in the day time when everybody is awake I can put those local one. if they remove it and keep it at the other side, it can still help. So I prefer using the both

M: Do you want to talk about anything else in relation to malaria prevention?

A: Yes, what I want to say is that if there is a way they can push it to genetic engineers. If they can work on human blood look for since mosquito....there is something mosquito ismosquito is the only source of malaria. There should be a particular thing that the mosquito is looking for in human blood. So if they can work on human blood and find out the particular the mosquito is looking for in human blood then they can crossbreed or the can transfer it to insect so that mosquitoes will stop biting human beings and start biting insect

(chuckling from the background)

So if they can work on human blood and discover that thing the mosquito is looking for they can do crossbreeding or something like that

M: How possible is this thing you have just said?

A: It can...if they work on human blood and transfer that thing like there is something they normally do like eehmmm like you can...they can crossbreed eeehm fish. They can look for gene as in gene of fish and like corn doesn't grow in cold places 'right' but there is something they can do and corn will start growing in cold places. They can use fish gene and then transfer it to corn, since fish prefer cold places eehe they can use

it...they can transfer it...if they can transfer it to corn and corn start growing in cold places, they can also work it on human blood. They can also work on human blood. Look for that thing that mosquito is looking for then transfer it...crossbreed it to insect and let it bite insect and not human being. It can stop malaria then if you have mosquito bite, it won't cause anything

M: I want to highlight on this thing she talked...the thing that she just mentioned... I don't feel that transferring those things that mosquito is looking for in human blood, transferring it will be that easy. But I feel a way out of what she suggested is inventing something that could be injected in human blood that scares the mosquito away. What I want to add is good nutrition; there is nothing good nutrition cannot do. Even with the malaria...with the parasite but once the immunity of the body is high there is the tendency of one developing that malaria is not as easy as that but if you don't eat good food let hygiene apart but still very important. Is part of it but good nutrition is the key to lasting health and this good nutrition comes about naturally. Taking the natural things that we have around is more nutritious than going for all these processed or artificial things' good nutrition is the key, once immunity is maintained by good nutrition; the parasite in the body will not strike you down

U: My own suggesting is that if they can find something that can kill all the mosquitoes. I know that there are some places that you cannot see malaria...mosquitoes around, that means that they do something to them that is why they are not seeing them. And again, I learnt that in some countries, it can bite and it won't have any effect on you. So there is something they did, our own country can as well get those things done so that we won't be seeing them around so that when they bite you, they won't have any effect on you.

A: But it depends on the type of the mosquito that is there...that is in that country. Here we are having anopheles mosquito and is causing malaria to us and the idea of what...like what my sister has just said is also good as in if they can use something like the helicopta to spray in the air. Look for a stronger insecticide and use to spray the whole country so that it will kill all the mosquito that could last for five years or ten years. They should look for a stronger insecticide that will kill all the whole mosquito that is in the world...in the country then do it for the interval of two to five years. The use of helicopta because if you ask people to spray, some ignorant ones may not spray. So they should use the helicopta to spray the whole country, I think it will kill all the whole mosquitoes and if they maintain it, it will reduce malaria

ALL (because we are tired of malaria....malaria...is too much...every day, since I can into live malaria....malaria)

D: My own suggestion is that oburu na-otua esi enwe ogwu mgbochi digasi iche iche.. na oburu na-aga aru ufodu ogwu mgbochi aga eji na-gba every two...two months. Na-ezibatara ogwu mgbochi na Nigeria, asi onye obuna ya je gba ya...na-igbahala ogwu mgbochi na mosquito taa gi igaghi a contact any malaria. So na ogadikwa good. So otua esi nwecha ogwu mgbochi other sickness ana aria, oburugodi na oga ano five years before agbakwa another one or one year or two years because ndiocha ne-ezibata chemical, ina-ele anya na that chemical ka aga abiakwa gba na-nwekwa side effect n'ahu madu. And too mosquito na egrow egrow...enwere ike ka agbachara ya, anyi na-e keep kwa our environment clean because ebe ahu ka mosquito no ewere amu. Na anoho anokata...no oburo all those things, oburu na environment ano...otua ana ekpokocha dustbin everywhere... irue na Onitsha and everywhere is very dirty so oburu na anghi e keep the environment...oyi that thing agbara ogbochirokwa mosquito no ebaahu militakwa mubawakwa ozo. So na oga akama na oburu na aga emebeta ogwu mgbochi ahu mosquito tagodigi maka na onwere ihe emegidere ka a stop oo mosquito from e grow. And any other thing self mana oburu na aga emebete ogwu mgbochi na oga adinma

Interpreter: my suggestion is that the way we have immunization of different preventable diseases if they can produce immunization that will be given every two...two weeks. If they should bring such immunization to Nigeria and tell everybody to get immunized and that if you get immunized that even if mosquito should bite you that you won't get malaria disease. So that will be good. So the way they have immunization for other sickness people are suffering, if they can last for five years before you get immunized again maybe one year or two years because white people are bringing these chemicals, if you look at these chemicals that we spray, they could cause side effect in the body and too mosquito use to grow. After when you finish spraying, do you keep your environment clean because is there that mosquito are multiplying and all those things. The way are disposing dustbin everywhere... if you get to Onitsha and everywhere is very dirty and if we are not taking care of the environment, that thing we spray will not keep or stop mosquitoes in that place from multiplying again. so it is better if they will produce immunization that if mosquito bite you...because there is no way we can stop mosquito from growing or multiplying. And any other thing self but if they can produce immunization, it will be better

F.U: Like those things we are saying that they suppose to spray chemical and others. I was told that in the olden days that they don't use net...they don't use any insecticide...chemical to prevent them from malaria they stay long and this time that we are using all manner of preventions, we are still inched by mosquitoes and other illnesses. So applying those chemicals and all these foreign methods is some of the things that cause the problem we are having these days. So if you look around this time, anybody that stays up to seventy has lived long but be fire they live up to 120...130 years of age and still they still believe that they have not fulfilled their mission. So I don't buy the idea of asking the oyibo people (white people) to bring those things. Is the environment...the environment matters, if you go to USA, the way that place is, is different from this place. So what I am thinking is....what I am suggesting is if we all have known the important of these local methods we are using because in those days our fore fathers didn't use all these artificial methods it is those local ones. As our moderator has said that good nutrition matters. The nutrition doesn't mean that you will go to the market and buy a carton of egg, carton of indomie and all those things and finish in a minute. It doesn't help because those things are killing. There are chemicals that are used to preserve those things which cause us malaria and somebody said that the only way we contract malaria is through mosquito, it is not. It is not through mosquito alone, is from those things that you are eating. My suggestion is that if we can create awareness to the local people so that they can start using local method like this nchuanwu (scent leaf) and this flower you are talking about, everybody know it. So we can plant it around our houses. Those things are there to scare mosquitoes. So another thing base on the net even though is not the best is the government making sure that the net are available all the time and again creating awareness to the people because most of us here even though most of us are not using it is because of ignorance. We don't know the importance and we don't know the importance of all those things. At the initial time when we get this net many people felt so bad because they were not taught anything...they were not given any teaching or any instruction on how to use it. They just brought it in their house and hang it which may cause a lot of things, sickness and other things. There is instruction written on that net and many of us are illiterate and cannot even read those instructions. Those things...these are the things the government should do...I wonder why it is only the....all these research people they always come to Nigeria. They always come to Nigeria, not even Ghana that is just coming up recently. They always come to Nigeria to find out why this thing....this thing...why this thing. I find it difficult to read book written by oyibo people (white people) where all these information are given, I don't know why. So if they could know the reasons why all these things is happening here. Apply the method that oyibo people (white people) are using and are so sincere. They want to say that....they want to share this thing, they will start with first of all create

awareness to the people....to the local people before they come. But in Nigeria awareness is just deceit. Few people will get the information and few people will not get. There are things even that not everybody that got it and it suppose to reach every family two...two, that is what they wrote in their proposal but nothing. If Nigeria can come down, the leaders and reason not even the leaders because the leaders may not have that...you know that knowledge, is the doctors that have gone into health services...health care training should come out in mass and tell the government that this is what they want, then government can sponsor them but who will do it. So that's what I'm suggesting that using the local this thing is the best. If the net will be used let them make sure that everybody is aware of and that people are not so ignorant about the using. So I do say it when.....eehmm the researcher came to my house....i went somewhere and I saw the people who collected the net and they use it to design the bar not even their house. They brought their own outside

ALL (Laughing)

And use it to decorate their bar, I was very surprise. I just watched it and laughed and I said ah this people they have killed us. And I later think why that it happened like that is that they don't know the important of it. Nobody has educated them on how to use it and nobody taught them what the net is doing. So they think you can use it as far as...you know some of them are very tiny and some very colorful. They can use to make their bar to become attractive to their customers. So that mosquito will not bite them in the bar. It doesn't even prevent mosquito because it was...they just cut it half way and small...small like that and if breeze come it can flee it up and down. It doesn't stop mosquito from getting inside. They just used it to design, they have bought curtains or those governments have dash them curtain or something like that to decorate their shop. So ignorant is another thing that is killing us. So if the government can help and you know...create awareness for some of those things. I think it will be ok

M: You have spoken well

(They were looking tired and weary at this time and requesting if it is the last question)

M: What are your opinion on how women will protect their lives and that of their unborn babies from malaria?

C: For we that are pregnant, we suppose to eat normal diet and good nutrition. You eat fruit, vegetables...those are good for our own health and our own babies and again, sleeping under the net is also good from preventing ourselves from being bitten by mosquitoes and we can also apply other local ways of preventing mosquitoes. But for our children, good nutritious food is also good in terms of balanced diet. When they sleep well, sleep under the net and you things to scare the mosquitoes away. I think there is no way they can contact malaria

A: You can take malaria drug for prevention. Doctors should be giving us malaria drugs for prevention. So that even if you have mosquito bite it will not cause malaria because you have taken drug

U: Just like what my sister has said, good nutrition and from time to time you take them to the hospital to see a doctor

E: My opinion is what my friend has just said like this our new born babies. When you go the market, that thing....eehm I don't know what they call it....the babies cot, when they sleep under it, they will not be attacked by mosquitoes and that eehm taking balance diet helps and our children that are under a year and above, since they are use to sleeping under net, they don't always have problem with that malaria of a thing.

Whenever they have malaria, you just take them to the doctor so that he can examine them

M: My own is the environmental management, I think it plays a major role because if you can control mosquitoes through your good environmental hygiene, it limits the....you know...it reduces the chances of one being effected with malaria from mosquito bite. Not allowing bushes around the house, clearing bushes, stagnant water, if the water is not the water that has a way out. Spray things like kerosene to destroy the mosquito larva that is there even the growing mosquito, ones they suck the kerosene or whatever, it will kill it. Then not allowing the whole house to litter with tins of milk. In this our younger age of motherhood, things are very regular things we see in our neighborhood; milk because we have little kids that are always taking those things (cleared her throat) good disposal are the major ways of destroying those things. Stagnant water that are producing them (coughing to clear her throat)

U: Our moderator has just mentioned that making sure that our environment is clean. Another opinion I want to make is that there is no way we can change our present condition to be like that of our fore fathers that lived longer and because of the things we are eating this time because those things they ate that time is no more and you cannot change it. Because that time they don't use fertilizer to grow any plant. They used natural manure but this time we are using fertilizer which is affecting the food we are eating. So we cannot change our condition now. Another thing I think it help to prevent malaria is by introducing our children to this net....insecticide treated net that we have heard off. Introduce them because our problem is that we don't know it before and now it has come, to adapt to a new situation is not easy for an adult. You can't false an adult to do something but you can false your children. You can false them, maybe if you can't false them while they are awake, when they get...when they are asleep you can spread the net on the bed so that it will cover them. Before they know it, the day has come. If we introduce them to this net that we have heard of and tell them the important of it, so that they can start early to adapt to the condition. And we the mothers...pregnant mothers...there is need for us no matter what to at least use that net because that is the only available....with other local method that is the only available ways we can prevent malaria because ones we are affected, the child in the womb will be affected. I heard many people saying that the malaria we have causes this eehm this disease that children are exposed under the sun?

C: Jaundice

U: Jaundice that it is caused by the malaria that the mother had. So if we can prevent it no matter how inconveniences it maybe, you can use that net, make sure that the windows are open so that breeze will be coming in you know...you don't tie the net on your body but you just hang it and make sure that the thing is above the distance from where you hang it is not too close that c[it can cause so many...too much heat. That's what I'm suggesting that mothers should do because we are the mother and we are the people that are taking care and we are the manager of the house. So without our help I don't think those things will be effective

R: You said that when you are hanging this net that you should make it to be high and you should not allow it to be too close

U: Yes, because when it comes too close to the body it causes this heat people are complaining and there will be a penetration of air

R: So you hang it high so that there will be a penetration and enough air will be coming in

(Some of the Participants were feeling sleepy and tired. The moderator as she summaries the point of the discussions and added again that the government should come the aid....run fast to the aid of Nigeria women and their children because this malaria issue is more in Nigeria. They should do something fast and reach out to the aid of our mothers and children because they are the group that suffer this malaria more)

ALL (applauded with clapping)

(Refreshment was offered to all by the researcher)

STAGE 2: Extract only the highlighted elements from Stage 1 and highlight salient elements in the reduced text based on cross reading other transcripts

Adighim e use the net (chuckling) I am not making use of it. Adighm e use it. Ihe kpatara Mu adighi e use ya bu na oge ha wetere net ahu, ndi madu si na ona-egbu otutu ndi madu. So since that time I don't make use of it

Interpreter: I am not sleeping under the net. Why I'm not using the net is that when they brought the net, people were saying that it is killing so many people. So since that time, I don't make use of it

Like myself I like using it though it prevents us from being bitten by mosquitoes. But the only problem is that I feel hot inside it but my children do sleep under it

In my own case I don't sleep under it. If I sleep under it, I will be having itches. The whole of my body will be itching me and secondly, during heat period, is always very hot for me. So I wasn't using it

Munwa na e use insecticide treated net (Myself I use insecticide treated net), in fact, the whole member of my family are using it, ihe anyi ji e use ya (why we are using it)....since anyi bidoro use wa insecticide treated net....but before ekee net anyi na enwe malaria (since we started using insecticide treated net....but before they started distributing the net, we are always suffering from malaria) because most of us are having malaria because we are AA this thing (blood group)....everytime, almost every two...two weeks anyi na aria malaria (we always suffer from malaria). Anyi na eje egoro ogwu malaria (we use to buy malaria drug) but ever since we started using this insecticide treated net, the thing reduced. Ezi-okwu na-ana e feel heat (is true that we feel heat) but I normally open the windows and make sure that everybody sleep under the net and we will not feel so much heat because the windows are open. So I feel so happy using it because since I started using it, I don't patronize doctors and chemist much

But there is one thing I experienced, the first time I used the net....when I come out, like when I want to urinate in the morning, when you look around the net, you will see some m you will be seeing mosquitoes inside mosquitoes that are dead already and some are hanging.

But once I washed it once or twice,

Maybe the holes expanded or something like that....I don't understand. So I feel that when you wash it once or twice, that chemical reduces the power....

I have washed my own twice. I started washing it....I think the chemical....the insecticide chemical inside it reduced. Sometimes I wake up I will see that mosquitoes have bitten me. So that is the experience I have

I got from the hospital and I felt very hot and I could not use it again. I can't say much about it but I heard people say that it is very effective, that it works and all that. I won't say no to that because so many people trusted that it works. I don't have much to say about it though I encouraged people to use it

Another local way I do use is that I make sure that I don't have open waters around and even if I have water in the bucket, I make sure that I cover it, in the gallons, I cover it and I make sure that there is no water left in the bathroom so that mosquito will not grow from that place. So another way....the third way is eehm making sure that the grasses around my house are well cleared. So I don't allow grasses to grow around my house because they attract mosquitoes which cause malaria

if I am staying outside I use mosquito coil....I do light on mosquito coil because I realize it scares mosquito aware as in if you light the coil, mosquito will not come near you. Another thing is that I do flit my room with "reed" insecticide and I keep my surroundings clean just like my sister said.

Well, I normally close my door on time and also net....anyi nwere net na rovers (we have net on our windows shed). Anyi na e use kwa ota pia pia jiri ya prevent kwa the mosquitoes (we use local insecticide called "ota pia pia" to prevent mosquitoes)

locally, we have these herbs locally, some of them are edible like this our nchuanwu (scent leaf) in prevention...like when you keep them in the house like you get the leaf and drop at some point in the house

Yes, nchuanwu (scent leaf)...some people when you go to their house, you see them using their own as flowers. They are not using it as flower because they are flowers...those things are not there as flowers. They are using it to scare mosquitoes

the children will always open the door and you will be shouting close door and as they open the doors the mosquitoes will come in.

It is called mosquito drug leaf (lemon grass) by some people but it looks like scent leaf.

they are the things that I use because there is nothing that is as discomforting as that noise.

I normally use locally like what you just said is scent leaf and lemon grass. Sometimes I do boil it and we drink it orally with water and there is another one we call...in our village we call it dogoyaro and it is bitter.

Oka nma i use net instead of other things eji achu anwu ha na-ekpotasi....net ka better karia ndi ozo. Ma na o maka na ana akompleni na ona eme heat. Maka na onye okada butere mu ebea nakoro mu na o na-eme ya heat. So otue ebubatara ya osi na o na-eme heat, mu nwa ahuro otu aga nesi na e use ya. Mana ewepuya....apart from heat, na oka better karia other things enwere. Maka na tusa tusa ahu nwere ike nenwekwa other side effect. Ma oburu na enwere otu aga esime ya maka na-onwere mgbe mu di ime nwa nwurugoro mu na aho....that thing kill that child...I feel na oyanwa gburu ya because n`ime nke mbu, ownere mgbe mu biara oburu na-Oga mu atuchago ya mana the scent ka di inside the room. Anurum ishiya ojidemu afo ozugbo ozugbo chiharia..so mgbe ahu nturu nke ahu nturu nwa nwuru mu na-afo. The perfume, o mere mu ife na-afo...all those things mu noticiri na onwere, anam atuya na ulo mana omara ihe emere. Oburu go di nkea Oga mu gotere...o dium ka odighi ka etu chemical aa anyi natu. The thing di very poisonous. Onwghi ihe ona odighi egbu. Onwghi ihe di n`ime ulo ona odighi egbu even ma ant but na the chemical adighi nma for ndi human being....adiro nma for body ma obu ebe umu-azu no

Even this one that my husband bought, I feel that it is not like the chemical that we are used to. This one is very poisonous; there is nothing that it cannot kill. There is nothing in the house that it cannot kill even the ant but that chemical is not good for human being. Is not good for the body or where children are

Those thing we use is that if we feel that malaria is already there then we apply the prevention but if you use the mosquito net, it will prevent the mosquito from biting then for you to get malaria. So I prefer net and one thing I want to add is that if is something that we will be getting regularly like I said, once you wash it once or twice, you will see that the effective is no longer there. It no longer works well...the chemical do reduce. Once it reduces, you will still be bitten by mosquitoes. If we can be having it constantly, regularly....I prefer mosquito net to other prevention

I want to say something base on what one of us has said na ya use o net isi ya egbuga nwa no na-afo (one of us said that if she use the net that it kills baby in the womb)

No, is the chemical that are being dropped not from the net

It is already called chemical and chemical is not something....is not natural. So chemical can cause...even at times when I started using it newly...we felt catarrh....so we felt catarrh because of the chemical they use to treat the net. So it keeps one uncomfortable until sometimes and you know that ones the chemical is killing insect, it has side effect on human life. now that I have gotten some information about some local methods, I think I will go home and be using the local method as far as it will be preventing malaria from biting us

why I prefer the local method to this insecticide treated net...the local method doesn't have much side effect...the net because of the chemical they use to preserve it has much side effect and the availability of the net is one problem for those that will like it. The distribution is somehow restricted, you will find out that they will give to this people they will not give to this people. Looking at the political situation in the country, the only people that will get things that are free from the government are those people that have politicians. The availability of

this net because if it is available to everyone, the number that is needed in every home.

And because of the chemical they use in treating it....for truth....it killed a lot of people that time and the heat. If somebody is lying inside it sleeping and with the heat, the person may even die

Yes, what I want to say is that if there is a way they can push it to genetic engineers. If they can work on human blood look for since mosquito....there is something mosquito ismosquito is the only source of malaria. There should be a particular thing that the mosquito is looking for in human blood. So if they can work on human blood and find out the particular the mosquito is looking for in human blood then they can crossbreed or the can transfer it to insect so that mosquitoes will stop biting human beings and start biting insect

They can use fish gene and then transfer it to corn, since fish prefer cold places eehe they can use it....they can transfer it....if they can transfer it to corn and corn start growing in cold places, they can also work it on human blood. They can also work on human blood. Look for that thing that mosquito is looking for then transfer it...crossbreed it to insect and let it bite insect and not human being. It can stop malaria then if you have mosquito bite, it won't cause anything

What I want to add is good nutrition; there is nothing good nutrition cannot do. Even with the malaria....with the parasite but once the immunity of the body is high there is the tendency of one developing that malaria is not as easy as that but if you don't eat good food let hygiene apart but still very important. Is part of it but good nutrition is the key to lasting health and this good nutrition comes about naturally

So they should use the helicopta to spray the whole country, I think it will kill all the whole mosquitoes and if they maintain it, it will reduce malaria

ALL (because we are tired of malaria....malaria...is too much...every day, since I can into live malaria....malaria)

Na-ezibatara ogwu mgbochi na Nigeria, asi onye obuna ya je gba ya...na-igbahala ogwu mgbochi na mosquito taa gi igaghi a contact any malaria. So na ogadikwa good.

should bring such immunization to Nigeria and tell everybody to get immunized and that if you get immunized that even if mosquito should bite you that you won't get malaria disease. So that will be good.

The way are disposing dustbin everywhere... if you get to Onitsha and everywhere is very dirty and if we are not taking care of the environment,

So applying those chemicals and all these foreign methods is some of the things that cause the problem we are having these days. So if you look around this time, anybody that stays up to seventy has lived long but before they live up to 120...130 years of age and still they still believe that they have not fulfilled their mission. So I don't buy the idea of asking the oyibo people (white people) to bring those things. Is the environment....the environment matters, if you go to USA, the way that place is, is different from this place.

I am suggesting is if we all have known the important of these local methods we are using because in those days our fore fathers didn't use all these artificial methods it is those local ones. As our moderator has said that good nutrition matters. The nutrition doesn't mean that you will go to the market and buy a carton of egg, carton of indomie and all those things and finish in a minute. It doesn't help because those things are killing. There are chemicals that are used to preserve those things which cause us malaria and somebody said that the only way we contract malaria is through mosquito, it is not. It is not through mosquito alone, is from those things that you are eating.

We don't know the importance and we don't know the importance of all those things. At the initial time when we get this net many people felt so bad because they were not taught anything...they were not given any teaching or any instruction on how to use it. They just brought it in their house and hang it which may cause a lot of things, sickness and other things. There is instruction written on that net and many of us are illiterate and cannot even read those instructions.

They always come to Nigeria to find out why this thing....this thing...why this thing. I find it difficult to read book written by oyibo people (white people) where all these information are given, I don't know why

But in Nigeria awareness is just deceit. Few people will get the information and few people will not get.

health care training should come out in mass and tell the government that this is what they want, then government can sponsor them but who will do it. So that's what I'm suggesting that using the local this thing is the best. If the net will be used let them make sure that everybody is aware of and that people are not so ignorant about the using. So I do say it when.....eehmm the researcher came to my house....i went somewhere and I saw the people who collected the net and they use it to design the bar not even their house. They brought their own outside

And use it to decorate their bar, I was very surprise. I just watched it and laughed and I said ah this people they have killed us. And I later think why that it happened like that is that they don't know the important of it. Nobody has educated them on how to use it and nobody taught them what the net is doing.

They just used it to design, they have bought curtains or those governments have dash them curtain or something like that to decorate their shop. So ignorant is another thing that is killing us. So if the government can help and you know...create awareness for some of those things. I think it will be ok

Another opinion I want to make is that there is no way we can change our present condition to be like that of our fore fathers that lived longer and because of the things we are eating this time because those things they ate that time is no more and you cannot change it. Because that time they don't use fertilizer to grow any plant. They used natural manure but this time we are using fertilizer which is affecting the food we are eating. So we cannot change our condition now. Introduce them because our problem is that we don't know it before and now it has come, to adapt to a new situation is not easy for an adult. You can't false an adult to do something but you can false your children. You can false them, maybe if you can't false them while they are awake, when they get...when

they are asleep you can spread the net on the bed so that it will cover them. Before they know it, the day has come.

And we the mothers...pregnant mothers...there is need for us no matter what to at least use that net because that is the only available....with other local method that is the only available ways we can prevent malaria because ones we are affected, the child in the womb will be affected. I heard many people saying that the malaria we have causes this eehm this disease that children are exposed under the sun?

That's what I'm suggesting that mothers should do because we are the mother and we are the people that are taking care and we are the manager of the house. So without our help I don't think those things will be effective

STAGE 3: Reduce text further to highlighted elements from Stage 2 based on cross reading other transcripts

Adighim e use the net. Adighm a use it. Ihe kpatara Mu adighi e use ya bu na oge ha wetere net ahu, ndi madu si na ona-egbu otutu ndi madu.

Like myself I like using it though it prevents us from being bitten by mosquitoes. But the only problem is that I feel hot inside it but my children do sleep under it

Munwa na e use insecticide treated net (Myself I use insecticide treated net), in fact, the whole member of my family are using it, ihe anyi ji e use ruya because most of us are having malaria because we are AA this thing (blood group)...almost every two...two weeks anyi na aria malaria. Anyi na eje egoro ogwu malaria Ezi-okwu na-ana e feel heat but I normally open the windows and make sure that everybody sleep under the net and we will not feel so much heat because the windows are open. So I feel so happy using it, I don't patronize doctors and chemist much

But there is one thing I experienced, the first time I used the net.... in the morning, when you look around the net, you will see some mosquitoes that are dead already and some are hanging.

But once I washed it once or twice,

that chemical reduces the power....

I think the chemical....the insecticide chemical inside it reduced. but I heard people say that it is very effective, that it works and all that. I won't say no to that so many people trusted that it works. I make sure that I don't have open waters around that mosquito will not grow from that place. I don't allow grasses to grow around my house because they attract mosquitoes which cause malaria

if I am staying outside I use mosquito coil.... if you light the coil, mosquito will not come near you. Another thing is that I do flit my room with “reed” insecticide and I keep my surroundings clean just like my sister said.

....anyi nwere net na rovers (we have net on our windows shed). Anyi na e use kwa ota pia pia jiri prevent kwa the mosquitoes (we use local insecticide called “ota pia pia” to prevent mosquitoes)

some of them are edible like this our nchuanwu (scent leaf)

Yes, nchuanwu (scent leaf)...some people when you go to their house, you see them using their own as flowers. ...those things are not there as flowers. They are using it to scare mosquitoes

the children will always open the door and you will be shouting close door and as they open the doors the mosquitoes will come in.

there is nothing that is as discomforting as that noise.

scent leaf and lemon grass. boil it and we drink it orally with water and there is another one we call...in our village we call it dogoyaro and it is bitter.

Oka nma i use net instead of other thingsnet ka better karia ndi ozo. ana akompleni na ona eme heat. onye okada butere mu ebea nakoro mu na o na-eme ya heat., mu nwa ahuro otu aga nesi na e use ya. maka na-onwere mgbe mu di ime nwa nwurugoro mu na aho....that thing kill that child... oyanwa gburu ya . Anurum ishiya ojidemu afo ozugbo ozugbo chiharia.. The perfume, o mere mu ife na-afo.... The thing di very poisonous. Onwghi ihe ona odighi egbu. Onwghi ihe di n` ime ulo ona odighi egbu even ma ant but na the chemical adiro nma for ndi human being....adiro nma for body ma obu ebe umu-azu no

This one is very poisonous;

....I prefer mosquito net to other prevention

It is already called chemical and chemical is not something....is not natural. So chemical can cause...even at times when I started using it newly...we felt catarrh....so we felt catarrh it keeps one uncomfortable now that I have gotten some information about some local methods, I think I will go home and be using the local method as far as it will be preventing malaria from biting us

...the local method doesn't have much side effect...of the chemical they use to preserve it has much side effect the chemical they use in treating it...for truth....it killed a lot of people that time and the heat.

Yes, if there is a way they can push it to genetic engineers. If they can work on human blood look for a particular thing that the mosquito is looking for in human blood. crossbreed or the can transfer it to insect so that mosquitoes will stop biting human beings and start biting insect

use fish gene and then transfer it to corn, fish prefer cold places eehe they can use it....they can transfer it....corn start growing in cold places, cross-breed it to insect and let it bite insect and not human being. It can stop malaria then if you have mosquito bite, it won't cause anything

What I want to add is good nutrition; there is nothing good nutrition cannot do. Even with the malaria....with the parasite but once the immunity of the body is high there is the tendency of one developing that malaria is not as easy as that but if you don't eat good food let hygiene apart but still very important. Is part of it but good nutrition is the key to lasting health and this good nutrition comes about naturally

they should use the helicopter to spray the whole country, I think it will kill all the whole mosquitoes and if they maintain it, it will reduce malaria

we are tired of malaria....malaria...is too much...every day, since I can into live malaria....malaria)

should bring such immunization to Nigeria and tell everybody to get immunized and that if you get immunized that even if mosquito should bite you that you won't get malaria disease. So that will be good.

those chemicals and all these foreign methods is some of the things that cause the problem we are having these days. Anybody that stays up to seventy has lived long but before they live up to 120...130 years of age and still they still believe that they have not fulfilled their mission. So I don't buy the idea of asking the oyibo people (white people) to bring those things. Is the environment....the environment matters, if you go to USA, the way that place is, is different from this place.

Our fore fathers didn't use all these artificial methods it is those local ones..

We don't know the importance and we don't know the importance of all those things. At the initial time when we get this net many people felt so bad because they were not taught anything...they were not given any teaching or any instruction on how to use it. They just brought it in their house and hang it which may cause a lot of things, sickness and other things.

They always come to Nigeria to find out why this thing....this thing...why this thing. I find it difficult to read book written by oyibo people (white people) where all these information are given, I don't know why

But in Nigeria awareness is just deceit. Few people will get the information and few people will not get.

health care training should come out in mass and tell the government but who will do it. people are not so ignorant about the using.....i went somewhere and I saw the people who collected the net and they use it to design the bar not even their house. They brought their own outside

use it to decorate their bar, I was very surprise. I just watched it and laughed and I said ah this people they have killed us. they don't know the important of it. Nobody has educated them on how to use it and nobody taught them what the net is doing.

They just used it to design, they have bought curtains or those governments have dash them curtain or something like that to decorate their shop. So ignorant is

another thing that is killing us. So if the government can help and you know...create awareness for some of those things. I think it will be ok

there is no way we can change our present condition. So we cannot change our condition now. we don't know it before and now it has come, to adapt to a new situation is not easy for an adult. You can't force an adult to do something but you can force your children. You can force them, if you can't force them while they are awake, when they are asleep you can spread the net on the bed so that it will cover them. Before they know it, the day has come.

we the mothers...pregnant mothers...at least use that net because that is the only available...ways we can prevent malaria, ones we are affected, the child in the womb will be affected. That's what I'm suggesting that mothers should do because we are the mother and we are the people that are taking care and we are the manager of the house. So without our help I don't think those things will be effective.

Stage 4: Continue text reduction as in 1-3 based on cross reading other transcripts

Adighm e use the net. Adighm a use it. Ihe kpatara Mu adighi e use ya bu na oge ha wetere net ahu, ndi madu si na ona-egbu otutu ndi madu.

Like myself I like using it though it prevents us from being bitten by mosquitoes. But the only problem is that I feel hot inside it but my children do sleep under it

the whole member of my family are using it, ihe anyi ji e use ruya because most of us are having malaria because we are AA this thing (blood group)...almost every two...two weeks anyi na aria malaria. Anyi na eje egoro ogwu malaria Ezi-okwu na-ana e feel heat but I normally open the windows and make sure that everybody sleep under the net and we will not feel so much heat because the windows are open. So I feel so happy using it, I don't patronize doctors and chemist much

But there is one thing I experienced, the first time I used the net.... in the morning, when you look around the net, you will see some mosquitoes that are dead already and some are hanging.

I think the chemical....the insecticide chemical inside it reduced. I don't allow grasses to grow around my house because they attract mosquitoes which cause malaria

if I am staying outside I use mosquito coil.... if you light the coil, mosquito will not come near you. Another thing is that I do flit my room with "reed" insecticide and I keep my surroundings clean just like my sister said.

....anyi nwere net na rovers (we have net on our windows shed). Anyi na e use kwa ota pia pia jiri prevent kwa the mosquitoes (we use local insecticide called "ota pia pia" to prevent mosquitoes)

some of them are edible like this our nchuanwu (scent leaf)

Yes, nchuanwu (scent leaf)...some people when you go to their house, you see them using their own as flowers. ...those things are not there as flowers. They are using it to scare mosquitoes

the children will always open the door and you will be shouting close door and as they open the doors the mosquitoes will come in.

there is nothing that is as discomforting as that noise.

scent leaf and lemon grass. boil it and we drink it orally with water and there is another one we call...in our village we call it dogoyaro and it is bitter.

....I prefer mosquito net to other prevention

It is already called chemical and chemical is not something....is not natural. ...the local method doesn't have much side effect...of the chemical they use to preserve it has much side effect the chemical they use in treating it...for truth....it killed a lot of people that time and the heat.

Yes, if there is a way they can push it to genetic engineers.

What I want to add is good nutrition; there is nothing good nutrition cannot do. Even with the malaria....

good nutrition is the key to lasting health and this good nutrition comes about naturally

we are tired of malaria....malaria...is too much...

those chemicals and all these foreign methods is some of the things that cause the problem we are having these days. Anybody that stays up to seventy has lived long but before they live up to 120...130 years of age and still they still believe that they have not fulfilled their mission. So I don't buy the idea of asking the oyibo people (white people) to bring those things. Is the environment....the environment matters, if you go to USA, the way that place is, is different from this place.

Our fore fathers didn't use all these artificial methods it is those local ones..

We don't know the importance and we don't know the importance of all those things. At the initial time when we get this net many people felt so bad because they were not taught anything...

They always come to Nigeria to find out why this thing....this thing...why this thing. I find it difficult to read book written by oyibo people (white people) where all these information are given, I don't know why

But in Nigeria awareness is just deceit. Few people will get the information and few people will not get.

health care training should come out in mass and tell the government but who will do it. people are not so ignorant about the using.....i went somewhere and I

saw the people who collected the net and they use it to design the bar not even their house.

I just watched it and laughed and I said ah this people they have killed us. nobody taught them what the net is doing.

So ignorant is another thing that is killing us. So if the government can help and you know...create awareness for some of those things. I think it will be ok

there is no way we can change our present condition. So we cannot change our condition now. we don't know it before and now it has come, to adapt to a new situation is not easy for an adult. You can't force an adult to do something but you can force your children. You can force them, if you can't force them while they are awake, when they are asleep you can spread the net on the bed so that it will cover them. Before they know it, the day has come.

we the mothers...pregnant mothers...at least use that net because that is the only available...ways we can prevent malaria, ones we are affected, the child in the womb will be affected.

we are the mother and we are the people that are taking care and we are the manager of the house. So without our help I don't think those things will be effective.

Repeat Stages 1-4 for all transcripts to provide a synoptic account of the overall data

Refine this further and reinstate or remove text as necessary.

Arrange final text in poetic format as shown in Chapter 7.

Aim to achieve an economical piece that has momentum, rhythm and evocative impact.

APPENDIX 11:

Poetic Performance DVD

APPENDIX 12:

2016 Royal College of Nursing Conference Edinburgh, UK

14.00 - 14.55 Concurrent session 6		
	14.00 - 14.25	14.30 - 14.55
6.1 Interviewing Room: Fintry (level 3) Chair: Rachel Taylor	6.1.1 Abstract number 159 Images and words: the lived experience of young people with type 1 diabetes <i>Ainsley James, Monash University and Federation University, Australia</i>	6.1.2 Abstract number 387 Transition from active to palliative care in children with cancer: insights from a qualitative study of one unit <i>Professor Daniel Kelly, Cardiff University, United Kingdom</i>
6.3 Interviewing Room: Carrick (level 1) Chair: Julie Taylor	6.3.1 Abstract number 286 Political representation for social justice in nursing: lessons learned from participant research with destitute asylum seekers in the UK <i>Dr Fiona Cuthill, University of Edinburgh, United Kingdom</i>	6.3.2 Abstract number 212 Making Sense of the Unbelievable: A Biographical Narrative Study of Men who Experience IPV From Their Female Partners <i>Dr Melissa Corbally, Dublin City University, Ireland</i>
6.4 Interviewing Room: Harris 1 (level 1) Chair: Joyce Kenkre	6.4.1 Abstract number 144 Utilisation of Insecticide treated nets among women in Rural Nigeria: Stories, themes and performance <i>Anastasia Nzute, University of Wolverhampton, United Kingdom</i>	6.4.2 Abstract number 422 Older cancer patients interaction with staff during surgical hospital treatment for colon cancer <i>Dr Lisbeth Uhrenfeldt, Aalborg University, Denmark</i>
6.5 Focus groups Room: Harris 2 (level 1) Chair: Dan Wolstenholme	6.5.1 Abstract number 348 Using an arts-based innovation to unlock reflective practice in undergraduate nursing students and improve person-centred care <i>Maqqie Carson, The University of Edinburgh, United Kingdom</i>	6.5.2 Abstract number 15 5. Relatives' attitudes, experiences and satisfaction with specialized end-of-life and follow-up care in acute hospital setting in Iceland. A qualitative study <i>Dr Elisabet Hjorleifsdottir, University of Akureyri, Iceland</i>
6.6 Qualitative approaches Room: Ochil (level 1) Chair: Ruth Northway	6.6.1 Abstract number 108 When researchers and decision-makers collide over "evidence" (with the media ready to pounce): The hidden politics of research <i>Dr Diana Clarke, College of Nursing University of Manitoba, Canada</i>	6.6.2 Abstract number 26 Specialist nurses' perceptions of the barriers and facilitators to inviting patients to participate in research studies: a qualitative descriptive study <i>Caroline French, Queen Mary University, United Kingdom</i>
6.7 Qualitative approaches Room: Kilsyth (level 0) Chair: John McKinnon	6.7.1 Abstract number 284 Psychometric properties of two self-report clinical competence scales for nursing students. <i>Deborah Coleman, Queen's University Belfast, United Kingdom</i>	6.7.2 Abstract number 192 Using nurses to forge a way to early detection of skin cancer <i>Associate Professor Clare Harvey, Eastern Institute of Technology, New Zealand</i>
6.8 Other Room: Moorfoot (level 0) Chair: Ruth Harris	6.8.1 Abstract number 376 A critical reflection on the NICE Safe Staffing Guidelines Programme <i>Professor Elizabeth West, University of Greenwich, United Kingdom</i>	6.8.2 Abstract number 200 Fit for the Future? The health and health behaviours of the nursing and midwifery workforce <i>Professor Lin Perry, University of Technology Sydney, Australia</i>
5 minutes transitional break		
14.55 - 15.25 Refreshments, exhibition viewing & poster judging/viewing		



RCN certificate of attendance

This certifies that:

Name: Anastesia Nzute

has attended the following RCN approved learning and training event

Title of event: RCN International Nursing Research conference 2016

Date of event: 6 - 8 April 2016

Signed by Stephanie Aiken:

Deputy Director of Nursing, Royal College of Nursing